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The CANADIAN NURSE

VOL. XXXIV NUMBER 1

JANUARY, 1938

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Scoliosis and its Treatment

R. I. HARRIS, M.D.

Nursing Care in Scoliosis

ALICE B. HUNTER

Leprosy in Canada

H. B. CUSHING, M.D.

From an International Angle

MARION LINDEBURGH

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CONTENTS FOR JANUARY, 1938

SCOLIOSIS AND ITS TREATMENT - - - *R. I. Harris, M.D.* 9

NURSING CARE IN SCOLIOSIS - - - *Alice B. Hunter* 12

THE ALBERTA MEETING - - - - - - 15

A LIVING MEMORIAL - - - *Elizabeth L. Smellie* 17

THE EDITOR'S DESK - - - - - - - 19

KEEP THE LAMP BURNING - - - *Grace M. Fairley* 20

FROM AN INTERNATIONAL ANGLE - - *Marion Lindeburgh* 21

COMING EVENTS - - - - - - - 23

LEPROSY IN CANADA - - - *H. B. Cushing, M.D.* 25

BOOK REVIEWS - - - - - - - 29

NOTES FROM THE NATIONAL OFFICE - - - - - 33

ON ACTIVE SERVICE - - - - *Ethel Morrison* 35

NEWS NOTES - - - - - - - 39

OFF DUTY - - - - - - - 46

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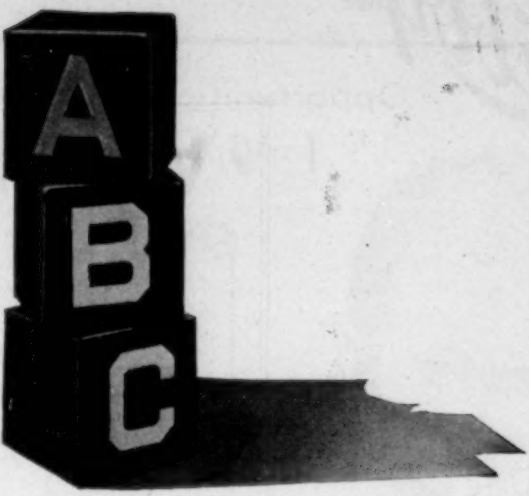

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Scoliosis and its Treatment

R. I. HARRIS, M.D.
Associate Surgeon, Toronto General Hospital

Scoliosis is a spinal deformity in which the spine is curved from side to side — that is a lateral curvature of the spine which has exercised the minds of surgeons and its victims for a long period of time.

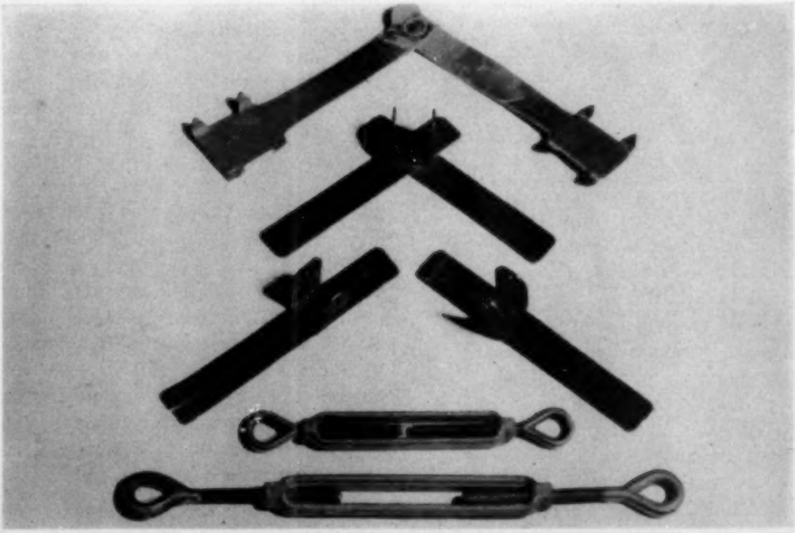
In many cases of scoliosis a clear cause cannot be found, but there exists one group in which the cause is definitely known and this group probably indicates the nature of the causative factor in all cases of scoliosis. The known cause is infantile paralysis. If this disease involves the spinal muscles scoliosis almost always occurs. The involvement of the spinal muscles need not be severe — complete paralysis is not necessary — mere weakness of the spinal muscles, especially if it be on one side, is sufficient to commence the lateral curvature and once this begins it tends inevitably to progress. If the muscles supporting the one side of the spine be weak, the overpowering action of the normal opposing muscles twists the spine into a lateral curve. Once the spine is bent off-centre the weight of the body also tends to increase the deformity. The greater the lateral curvature the less able are the weakened muscles to counteract it, and the greater is the force with which gravity and the stronger muscles act to make the deformity still more pronounced.

Our knowledge of the evolution of scoliosis due to infantile paralysis makes us think that all cases of scoliosis are due primarily to imbalance of spinal muscles — some from mild and unrecognized cases of poliomyelitis, others from less definite causes. Once started, the weaker muscle groups are at an increasing disadvantage and gravity and the most powerful normal muscles act at an ever increasing advantage so that the deformity tends to progress during the growing period of the child.

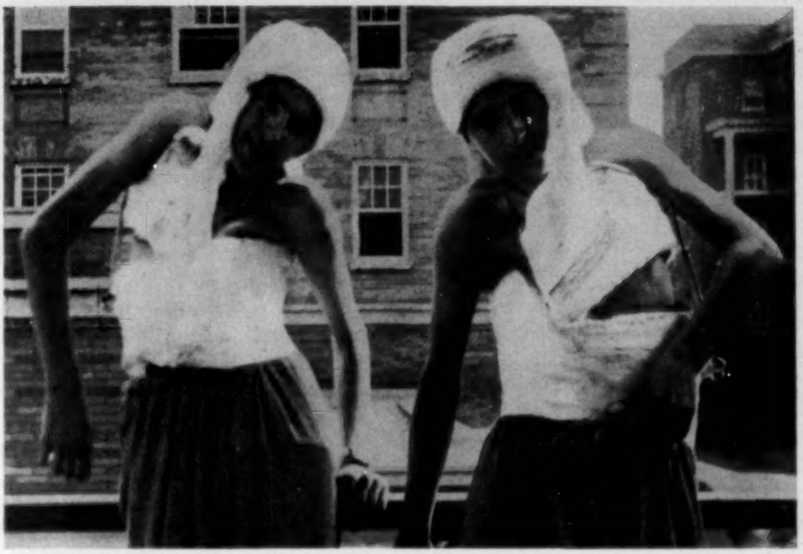
Though the deformity starts as a simple lateral curvature it quickly has added to it some complex features. First of these is rotation of the vertebral bodies. The points of contact of each vertebra with those above and below it are so spaced that a simple lateral curve cannot take place. In order that the spine may bend laterally, the individual vertebrae which make up the spine must rotate and they do so in such a fashion that the spinous processes behind point inwards towards the concavity of the spinal curve. This gives a spiral twist to the curve which has proved very difficult to unwind. Next, in his attempt to keep his trunk as a whole in an erect position and maintain the head over the feet, the patient tilts the spine above and below the primary curve in an opposite direction. A fully developed scoliosis consists therefore of a primary curve with secondary compensatory curves above and below it. Each curve is accompanied by a certain degree of rotation, the greatest curves having the greatest amount of rotation.

The cure of scoliosis has proved an exceedingly difficult and perplexing problem in which little progress has been made until recent years. Innumerable methods have been tried, ranging from corrective exercises to corrective jackets. None have been successful in curing the deformity and few have succeeded in halting its progress. About five years ago, however, the Staff of the New York Orthopaedic Hospital and Dispensary developed the effective method we are now using. It involves prolonged and elaborately accurate correction of the deformity, and then fusion of the spine in order to maintain the correction thus gained.

The steps in the procedure are as follows: It is necessary first to determine which is the primary curve and, in order to do this, the patient's full spine is X-rayed while the patient is standing. Then the pelvis is tilted, first on one side and then on the other, by having the patient stand on a block. This tilt test changes the compensatory



Hinge and turn-buckles used in corrective plasters.



Corrective hinged turn-buckle plasters.

curves but leaves the primary curve unchanged. The detection of the primary curve is therefore easy when X-rays have been taken. From such X-rays one can also determine the extent of the primary curve and hence the length of the spine which must be fused in order to prevent recurrence.

The next step is to apply the corrective jacket. This is a long plaster which includes all of the trunk, usually the head also, and frequently one lower extremity. In the plaster are incorporated two aluminium hinges, one in front and one behind, centred accurately over the apex of the primary curve. In the plaster on the concave side are two brackets to take the ends of the turn-buckle. When the plaster is dry it is cut completely through all around at the level of the centre of the hinges, a turn-buckle is inserted and the correction gradually obtained by opening up the turn-buckle each day.

The progress of correction is checked by X-ray. During this period skilful nursing can make all the difference between success and failure. The plaster may exert uneven pressure and sores may develop. The use of the bed pan is difficult and moisture must not get under the plaster. The patient is more or less helpless and needs assistance for many things. In no surgical problem that I know of is the surgeon more dependent upon a wise, efficient and sympathetic nurse to achieve the success he desires. It has been my good fortune to have such assistance; without it, it would not have been possible to achieve the results we have.

When the X-ray indicates that correction has been obtained, the patient is prepared for operation. A large window is cut in the plaster behind, exposing the whole area to be operated upon. Donors are secured for transfusion. The length of the spine which previously has been decided upon as the whole of the primary curve is then fused by a spinal bone graft. The operation is an extensive one — long and difficult and not without danger to the patient from shock. For this reason adequate steps to combat shock must be prepared beforehand.

The operation successfully concluded, the field of operation is again enclosed in plaster in which the patient remains for four months. The corrective plaster is then removed, the spine X-rayed and a new short plaster applied. In this the patient walks. The second plaster is discarded in three months.

The results, in properly selected cases, have well justified the magnitude of the procedure and the length of time expended in treatment. Obviously this is not a form of treatment to be undertaken lightly. It is only justifiable if the deformity is severe, progressive and the cause of pain which is incapacitating. Such cases can be much benefitted and the improvement they obtain is great enough to make the sacrifices well worthwhile. It has been possible to correct completely or to greatly improve the deformity and to relieve the patient of the distressing backache which makes life a misery.

Nursing Care in Scoliosis

ALICE B. HUNTER

Head nurse, Surgical Division, Toronto General Hospital

One thing which Dr. Harris has not mentioned in his article, and which is quite important, is that the nursing care of the patient begins with the parents. Not infrequently, my first intimation that a patient with scoliosis is imminent, is that a perturbed and timorous mother comes to me and this conversation ensues:

"Dr. Harris sent me to you".
"Oh, yes?"
"My daughter has scoliosis."
"Oh, I see!"

And then we sit down in some quiet spot and have a heart-to-heart talk about spinal fusions. Next I show her some X-Ray films which are invariably a good argument and then I take her to the bedside of whatever patient we have on the ward undergoing this method of treatment. You must remember that these parents have to be educated to seeing their child contorted and apparently buried in this monstrous cast, and that is not easy. In fact it is much more difficult to sell this operation to the parent than to the patients themselves. These young people, usually in their teens, are at a stage where they realize their own limitations. They have the constant misery of pain. Their personal appearance is marred; their activities are restricted by their deformity. They find themselves unable to take their place adequately amongst their fellows, and are ready to endure anything in order to enjoy the fullness of life as normal individuals.

We have been singularly fortunate

in the fine type of patients we have had to deal with while they were undergoing this long process of treatment. They have been grand youngsters, all of them, with the most extraordinary endurance. They have never really quailed at anything. But it is hard, when one is young, for one's courage to endure for so long, and there will be times when you must help them to fortify a faltering fortitude. Occupation is excellent, the more absorbing the better. For those who are restricted to bed it is essential, and we are constantly calling upon the Occupational Therapy Department to help us with this part of our nursing problem.

When they have their plaster casts applied, on account of their heads being immobilized in these huge head pieces with pillows supporting them on either side, these patients have a very limited range of vision. Again our good friends in Occupational Therapy have come to our aid, and have kept us supplied with bed mirrors attached, within the patient's reach, to the head of the bed. These are adjustable so that these patients can see what is going on in the world, and let me tell you there is very little they miss!

The cast, built high up under the arms, also limits their range of reach so that they are unable to do even the most simple things without aid. They cannot manage a bed pan themselves. They cannot wash themselves. If the blanket slips off they cannot retrieve it. They are therefore extraordinarily dependent on the thoughtfulness of the nurse who is caring for them. And can you think of any stage at which one's modesty is more easily violated or at which one is more shy and selfconscious than in one's early teens?

All these patients have fracture boards on their beds. For the female patients in particular, it is a good idea to have a three-piece mattress so that the middle section can be removed when a bed pan is used. I need not go into all the grief that accumulates when a plaster cast gets wet, particularly after spinal fusion when danger of wound infection is acute. If you cannot get a three-piece mattress, the head of the bed should be elevated, if necessary, to avoid this difficulty. These patients are on a full diet; it is therefore important that the habit of regular elimination be established early without the aid of enemata and using as mild a laxative as possible. These people are going to be in bed for a long time.

With regard to pressure sores: we nurses are accustomed to looking for them in definite places, usually the base of the spine. But when you get a patient wrapped up in one of these casts, in which pressure is continuous and progressive with daily adjustment by the turnbuckle, you may expect to find a sore developing practically anywhere. With the upper portion of the cast forcing up, they may develop around the axilla; with the lower portion forcing down, they may develop round the hip bones. On the opposite side, with the two sections forcing in at the waist line, sores may develop in that region. You may find them on their shoulder blades, over any rib, over the spinous processes, or on the bony prominences of the head. In fact anywhere that there is a piece of patient under a piece of cast, you may find a pressure sore developing. It requires a most constant vigilance. One must have a clean field for a spinal fusion, and a pressure sore will hold up an operation indefinitely. If your patient complains of soreness at any point, it must be investigated. You force your hand down inside the cast from above, or up from below, and if you cannot get a finger on the point of pressure, you may have to cut a hole in the cast over that area and have visual evidence. Occasionally the soreness will be due to some simple thing like a crease in the

Dunlopillo rubber which lines the whole cast, or a crumb of plaster, and this is easily attended to. More often it is due to direct pressure; then your house surgeon cuts off bits of the cast here, shaves off some plaster there, bevels a sharp edge, readjusts the pressure of the Dunlopillo rubber, and the situation is relieved.

The day before operation the section of cast over the operative field is cut out and the edges are taped with adhesive or re-plastered smoothly so that there will be no loose flakes. A sterile preparation is done on this area and on one or both legs, including the foot, up to mid-thigh.

The morning of operation a cut-down intravenous is started in preparation for the indirect blood transfusion which is always given during or after a spinal fusion. The pre-operative sedative is not a too heavy one and these patients are given a general anaesthetic. When the spinal fusion is completed, the area where the cast has been cut out is re-plastered, thus providing future support for the spine.

When the patient returns from the operating room he is deeply anaesthetized and is invariably shocked in appearance. At first he lies on his face, with sand bags so placed as to lift it clear of the bed. When he is conscious and the cast is sufficiently dry (usually about four hours later) he is rolled gently onto his back and made as comfortable as possible. Oiled silk and pads are tucked in around his neck to avoid soiling from vomitus; one must remember that he cannot turn his head to the side.

Whichever leg has been used for the bone graft, is elevated on a pillow and a constant watch is kept for any sign of interference with circulation. The dressing on the leg is not touched for three weeks unless there is definite indication that the wound should be inspected. The firm bandages and dressings supply support for the diminished bone and should not be removed.

For the first forty-eight hours these patients are allowed morphia as often as it is required to keep them at rest and free of pain.| The intravenous is continuous until such time as they are able to maintain a positive fluid balance by mouth. If at any time a blood transfusion is indicated it is given. If the patient vomits persistently, an intravenous of 5% glucose is administered. A fluid diet is given, to begin with, which is increased just as soon as the patient is able to tolerate it. We do not turn these patients or move them more than is compatible with their essential care. Their position should be maintained as undisturbed as possible for a period of four months.

One sign that is indicative of trouble, and that should be watched for, is a decrease in the output of urine. Patients who have been profoundly shocked may develop anuria from very low blood pressure, which the kidney can only tolerate for a certain time. Symptoms concurrent with these are effortless vomiting and drowsiness. These patients also have a high N.P.N. This occurred once in a lad who was profoundly shocked by his operation and his blood pressure was re-established by blood transfusion and intravenous. Ultimately he got over his difficulties. Having happened once, this may happen again, so now we watch for these symptoms, send all the urine to the laboratory for the first few days post-operatively, and have a daily N.P.N. test done until we are satisfied that this complication will not occur.

Unless a patient has suffered severe shock, you will tiptoe into his room three or four mornings after his operation, so as not to waken him, and will find him reading the "funnies". That is a very good sight. After that it is just a matter of waiting until such time as the patient's convalescence is complete.

If we are suspicious of wound infection at any time, the cast is cut over the suspected area and Hygeol dressings applied. These patients stay in bed after their operation for a period of four months. At the end of that time their plaster is changed and they are gradually allowed up wearing, not bedroom slippers but proper shoes. Eventually they are sent home.

I wish I could show you Sarah C —. When I first saw her she seemed rather a small person, conscious of her deformity, very shy and retiring. When I left for my holidays, she had had her operation but was still in plaster. By the time I got back, six weeks later, she had gone home. A few days ago, there walked into my office a tall, charming young girl. She was beautifully dressed; she had poise and self-possession and was completely spontaneous and natural. This was my Sarah. When she went away I watched her walk down the long corridor, very straight and very graceful. Some one passing her dropped a sheet of paper and Sarah stooped down and picked it up with no slightest sign of awkwardness or difficulty and then walked on, very straight and very graceful. It was a hard road and a sore one but I think Sarah has shown us that it is worth travelling.

THE ALBERTA MEETING

The annual conventions of the Alberta Association of Registered Nurses, the Alberta Hospitals Association and the Municipal Hospitals Association were recently held, conjointly, in Edmonton. On the first day, the three Associations met jointly; on the second and third days, separately. The president of the A.A.R.N., Miss Kate Brighty, presided and stated in her report that a forward step had been taken by the formation of a rural sub-division of the A.A.R.N. in the Grande Prairie and Peace River area. Miss Elizabeth Pearston, of Grande Prairie, is the president of this new division in which there are about forty members. Miss Brighty extended a welcome to Rev. Mother Casey, upon her return to Alberta after an absence of twenty years. She has recently been appointed head of the Grey Nuns for Alberta and Saskatchewan, with headquarters at Edmonton. Miss Brighty also mentioned that thirty-five Alberta nurses had taken post-graduate courses in various types of nursing during the past year.

The important subject of education received much attention. Dr. G. Fred McNally, Deputy Minister of Education, and Mr. A. E. Ottewell, Registrar, University of Alberta, discussed the new course of study in public and high schools and Dr. McNally asked the Association to give suggestions for the new course of studies now under consideration for high school students. He also extended the courtesy of asking for a representative from the Association to meet with his committee when drawing up the new Grade Eleven course. Following this discussion, Miss Agnes Macleod, gave an excellent talk on the proposed Curriculum for Schools of Nursing in Canada. The need for a sound and thorough general education for potential student nurses was strongly emphasized by Miss Macleod who is the newly appointed director of the School of Nursing of the University of Alberta and under whose guidance a public health course is being established this year.

It was a great privilege to have the president of the Canadian Nurses Association, Miss Ruby M. Simpson, O.B.E., in Edmonton for the two days of the convention. She gave most generously of her time, giving addresses, meeting with various groups and taking part in discussions. The subject of Dominion Registration was thoroughly explained and many points were clarified, resulting in a better understanding of this important issue. It was with keen interest that we listened to the reports of the International Congress of Nurses given so vividly by Miss Fanny Munroe and Miss M. E. Carpenter as well as to Miss Olive Watherston's talk on "My impressions of the Antipodes."

Several valuable resolutions were passed by the Association and much interest was displayed in the one dealing with the steps which are to be taken to secure a School Adviser for Alberta.

Many delightful social functions were arranged and appreciation is due to Miss Blanche Emerson who was convener of the arrangements committee. A joint luncheon with the Kiwanis Club was held when Miss Simpson gave an excellent address on nursing, pointing out that it is seldom that nurses have the opportunity and the privilege of speaking to laymen about their profession. Two hundred nurses attended the banquet when Miss Simpson, in her charming way, spoke of the International Congress, taking us with her to London to attend meetings, to the House of Lords, to the Guild Hall and even to Buckingham Palace! On the following afternoon, His Honour, the Lieutenant Governor and Mrs. Bowen graciously received the members of the three associations at Government House. The Public Health Section of the A.A.R.N. entertained at dinner for Miss Simpson who gave an intimate glimpse of the public health aspect of the International Congress. Dr. Alex Currie, who has just returned after two years in London, gave an interesting address on his impressions.

Another convention has come and gone, with ideas exchanged, thoughts expressed and new resolutions made. Conventions are truly stimulating!

Editor's Note: This excellent report was prepared by Miss Deane Freeman, supervisor, Edmonton branch, Victorian Order of Nurses.

A FRIENDLY WARNING

The *Journal* has received the following letter from Miss Emily J. Hicks, who is the executive secretary of the New York State Nurses Association:

Our Board of Directors has requested me to write and inform you of a practice which has come to our attention. We do not know to what extent the method is used to obtain Canadian nurses. Recently, Miss M.S.—, a Canadian nurse, answered an advertisement in a Montreal daily newspaper to the effect that a hospital in Greater New York offers a six months post-graduate course for nurses. Canadian nurses were to receive $65 a month during the course and were promised permanent positions thereafter. Miss S— presented herself at this hospital and found that conditions were such that she could not stay.

Our Board wonders whether there is any way in which you can warn Canadian nurses to carefully investigate such "opportunities" before going to the expense of travel in order to answer them in person. The hospital in question is not listed among the registered schools of nursing and it is doubtful whether a post-graduate course there would give additional prestige to a nurse who spends her time at this institution.

If there is any way in which we can help you to obtain information which will prevent, even in a degree, this exploitation, we shall be very glad.

The *Journal* has already urged its readers to exercise caution and common sense in answering advertisements of this nature. The warning is repeated and it is suggested that Canadian nurses avail themselves of the advice and assistance so kindly offered by Miss Hicks on behalf of the New York State Nurses Association. She may be reached at the following address: Miss Emily J. Hicks, R.N., Executive Secretary, New York State Nurses Association, 152 Washington Avenue, Albany, N. Y.

A Living Memorial

ELIZABETH L. SMELLIE

A visitor from overseas said not long ago that she was surprised to find that many Canadian nurses, even though living a few hundred miles from Ottawa, have never seen the Memorial Chamber in the Peace Tower or even their own Nurses Memorial.

This comment reminds one of yet another visitor, a distinguished British Matron, who just at sunset on a beautiful summer evening a few years ago, stood before the Memorial in quiet meditation. There was absolute silence in the building and presently we quietly departed to spend a few minutes on the cliff which looks across the Ottawa River to the Gatineau Hills. As we stood there, the carillon in the Peace Tower pealed forth and she turned to me with these words: "I feel that I have reached the heart of Canada tonight."

There may have been some nurses who at one time were disposed to feel that when the plan of the Canadian Nurses Association was put into effect and a Memorial erected in remembrance of sisters who had given their lives in the Great War, it might better be a living memorial. They happened to be in the minority, and finally the Memorial, now in the Hall of Fame, was unanimously decided upon, the work proceeded and a small committee, with diligence and patience, eventually achieved their objective.

The Governor General at the Cenotaph.

This year, as we stood before the Memorial on Remembrance Day, this thought came into our minds: *This is, and may be as time goes on, more and more, a living memorial.*

Ottawa is not a city in the general sense of the word — it is the centre of our national life. Those who were responsible for the placing of the Memorial looked forward as well as backward. They realized that although those who served either overseas or at home during the War will pass on, that there will still be a constantly renewed and living stream of young nurses who, through all the years to come, will find inspiration in the Memorial itself and in the noble words graven beneath it:

> Erected by the nurses of Canada in remembrance of their sisters who gave their lives in the Great War, 1914-1918, and to perpetuate a noble tradition in the relations of the Old World and the New. Led by the spirit of humanity across the seas, woman by her tender ministrations to those in need has given to the world the example of an heroic service embracing three centuries of Canadian history.

IN TROUBLED WATERS

Miss Mary Thompson, convenor of publications for District 8, R. N. A. O., has been kind enough to send in these interesting excerpts from a letter written by Miss Hilda Smith, a graduate of the School of Nursing of the Ottawa Civic Hospital. Miss Smith is a stewardess on *The Empress of Canada* and has a close view of the troubled scene in China:

> This has been rather a momentous trip, and I'm glad I was on the *Empress of Canada.* In Japan we had quite a time getting our passengers through immigration as so many refugees of British origin were vacating Japan. But Shanghai now commands world-wide attention.
>
> They wouldn't let us down the Yangzte River and so we anchored 20 miles out of Puntung, but were surrounded by British warships in the event of trouble, as we carry a Chinese crew of 400. No one, not even passengers could go ashore, but at night we could see and hear air raids and guns.
>
> The next day tenders and British ships brought over 1000 refugees, all forced to leave by British authority — Chinese, Portugees, Phillipines, Americans and British subjects. You should have seen our ship with passengers having to vacate their homes and coming on board with nothing but what they had on. They slept on deck, in our salons, lounges and card rooms. We had over 128 children and were terribly busy because so many were sick.
>
> Of course the ship was under Admiralty orders. The passengers were very useful and helped care for the sick and even peeled sacks of potatoes because the Chinese boys were so busy. I'll never forget the night we left; a Japanese destroyer skirted round and round our ship and put their searchlight on us. It was all so exciting and thrilling, and as a climax a Hindu woman gave birth to a son, right on deck, so we had a new passenger with no passport.
>
> We called at Hong Kong where practically all the refugees disembarked. Hong Kong, with all this influx, is exporting many to Singapore. It is impossible to get accommodation and everything has gone up sky high. They have had a cholera scare and we have all been inoculated. Be glad you are in Canada.

THE EDITOR'S DESK

Time Marches On!

A few days ago the sun halted on its southward journey and the earth is slowly tilting toward the Spring. From a nursing point of view, 1937 was a good year. It brought the International Congress with its rich harvest of goodwill and mutual understanding. It showed, in many countries, and especially in Britain, an awakening of public interest in nursing practice and education. In Canada it marked the advance of a reform which has been long overdue: the establishment in many centres of an eight-hour day for special nurses in hospitals.

The year which has just begun brings us the assurance of continued progress and greater accomplishment. The Biennial Meeting of the Canadian Nurses Association will be held in July in Halifax. Turn to *Notes from the National Office* in this issue of the *Journal* and read about the good things which are in store for us in the Maritimes. We can smell the lilac and feel the salt spray already!

Reader's Guide

The after effects of the recent epidemic of poliomyelitis are still to be reckoned with. It will be a hard road for young people to travel and they will need all the help they can come by. Yet when you have read the two articles in this issue which deal with scoliosis you will agree that though the path is rough and steep, it leads to the fullness of life. Incidentally, Dr. Harris and Miss Hunter teach us yet another lesson. These articles demonstrate that subtle interplay of medical and nursing skills which, at its best, is worthy to be called the art of healing. △ Not many months ago an airplane carried a disconsolate Chinese passenger to a Canadian leper colony. Dr. H. B. Cushing, professor of pediatrics and infectious diseases in McGill University, has been kind enough to tell us something about this unusual case. △ One of the most interesting aspects of nursing education can only be seen from an international angle. Miss Lindeburgh gives us an interesting glimpse of what may be just beyond the horizon. △ There have been lively doings in Alberta recently and before long both Manitoba and Quebec will show us what the up-and-coming Provincial Association can do when in convention assembled.

No room for more!

The Director at Headquarters of the California State Nurses Association has asked the *Journal* to publish the following statement:

"Will you please carry a notice to the effect that there is not a shortage of nurses in Southern California. Since August there has been a decided lessening in hospital census and in calls to the professional Nurses' Bureaus. There are numbers of qualified nurses waiting for private duty calls. This request comes from the Board of Directors of District Five, Los Angeles."

Honorable Mention

Some hard work was done on both sides of the Atlantic to give our readers a prompt and full account of the International Congress. Several correspondents have taken the trouble to say a word of appreciation and we were very proud to find this honorable mention in the columns of *The British Journal of Nursing*:

Our exchanges from many parts of the world are now to hand containing Congress reports. Canada and the United States have done splendidly. We remember the uphill days when adequate reports of I.C.N. proceedings appeared only in the pioneer *Nursing Record,* (now the *British Journal of Nursing*). What a change is here!

All the Dominions and India have their official organs; France, Germany, Belgium, Holland, all the Scandinavian countries, keep us in touch, and China and Japan realise the value of a professional press.

Keep the Lamp Burning!

GRACE M. FAIRLEY

Chairman, Nightingale Memorial Committee Canadian Nurses Association

This year completes the five-year pledge made in 1934, at the Biennial Meeting of the Canadian Nurses Association. Nurses throughout the Dominion have demonstrated their real interest in the Memorial by supporting it generously through their provincial organizations. It has been specially gratifying that this support has been maintained during the past four years, and the Memorial committee of the Canadian Nurses Association hopes that the various nursing groups will now forward donations for 1938 at least equal to those sent in 1937.

During the meetings of the Grand Council of the I. C. N., which took place in London this summer, an agreement was made with Bedford College for the continuance of the International Courses for a further period of five years. This means that when the Canadian Nurses Association meets at Halifax in July of this year that some decision will have to be arrived at regarding the financing of the Foundation for the remaining four years and until the completion of this agreement with Bedford College in 1942.

Letters have been sent to the Provincial Conveners and it is confidently expected that when the budgets are struck for this year they will include a substantial grant towards the Florence Nightingale Memorial Foundation.

Further contributions to the Florence Nightingale Memorial Fund have been received as follows:

Nova Scotia	
St. Martha's School of Nursing, Antigonish	$10.00
A.A., Halifax Infirmary	5.00
Halifax County Branch, R.N.A.N.S.	37.50
Cumberland County Branch, R.N.A.N.S.	10.00
Lunenburg County Branch, R.N.A.N.S.	10.00
A.A. City of Sydney Hospital	5.00
Ontario	
District No. 9, R.N.A.O.	10.00

British Columbia	
Matsqui-Sumas-Abbotsford Hospital Abbotsford	$3.00
R. W. Large Memorial Hospital, Bella Bella	6.00
Women's Auxiliary, Creston Hospital, Creston	5.00
General Hospital, Fernie	10.00
General Hospital, Prince Rupert	16.00
Mater Misericordia Hospital, Rossland	3.00
Student Council, General Hospital Vancouver	40.00

DEPARTMENT OF Nursing Education

From an International Angle

MARION LINDEBURGH

Chairman, Nursing Education Section,
Canadian Nurses Association

The Committee on Education of the International Council of Nurses met for the first time in Helsingfors, Finland, in 1925, to discuss plans for a study of nursing education problems. This Committee, of which Miss Isabel M. Stewart is chairman, set for itself a momentous task. It undertook a study of nursing education in various countries preparatory to the formulation of certain educational principles and nursing practices, to serve as a guide for schools of nursing, in affiliated countries.

The first report of the work of this Committee was published in 1930. Later the report was re-written and published in a revised edition in 1934, under the title of "The Educational Programme of the School of Nursing." It was published in three languages: English, French and German, and later in Finnish. This valuable document, in pamphlet form, has filled a long felt need in directing the policies and raising the standards of administration and teaching in schools of nursing throughout the world.

The report of the proceedings of the Committee on Education at the International Congress of Nurses, held in London last July, contains items of much interest to us all. Miss Stewart, who, to our great satisfaction, has been reappointed chairman for another four-year period, presided at three large meetings of the Committee. The Report of the Committee in 1934, (The Educational Programme of the School of Nursing) was used as the basis for the conference meetings, and free discussion was invited regarding any modification which might be made in the content of the pamphlet which would in any way increase its usefulness. Emphasis was placed upon the importance of securing in all affiliated countries an understanding and agreement respecting the primary aims of nursing education, and members were encouraged to express their opinions, on behalf of the countries which they represented, in regard to fundamental educational principles and procedures as outlined in the pamphlet. A very valuable part of the conferences dealt with the different ways in which the several countries were attempting to apply the recommendations contained in the Report to the situations existing in the respective countries. Such an opportunity for the countries affiliated to come together to share their problems and to learn from one another must inevitably result in better understanding between them and a more sympathetic working relationship among all the national groups concerned.

Plans for the work of the Committee for the ensuing four years were discussed. The two proposals of main importance were:

1. The revision of the pamphlet entitled "The Educational Programme of the School of Nursing" when a new edition is needed.

In this connection members of the Committee were encouraged to present specific plans of nursing education in their particular countries, with the idea of incorporating any new material into future editions of the report.

2. The possibility of undertaking a study of post-graduate courses, as existing in the various countries.

The Board of Directors of the International Council of Nurses has approved this proposal to undertake an extensive study of post-graduate courses during the next four years. Naturally the question of financing such a project is a necessary subject for consideration, and until some definite arrangement can be made in this connection, the Committee will not be in a position to decide upon the scope of the study. It is proposed that a questionnaire, covering all types of post-graduate work in nursing, be prepared and sent out to the different countries during the coming year. The compiled information secured from all sources will then serve as the basis of a report, which, it is hoped, may be ready for publication before the next International Congress of Nurses in 1941. It was also suggested that this report might offer suggestions for the personal and professional improvement of graduate nurses in service.

This undertaking will attract the attention of all national associations who should tender to the International Committe on Education their active cooperation. Speaking for ourselves, it would appear that such a project will be not only in the interests of nursing education in Canada, but it might also serve, at this time, as a contribution towards the study and tentative plan of the International Course which is being considered by the Florence Nightingale International Foundation.

The difficulty of getting in touch with members of such a large and widely scattered Committee has been cited. In view of this difficulty, a small sub-Committee is to be appointed to make final decisions with reference to the revision of the report of 1934, and to assist in the preparation of the questionnaire and other matters which cannot easily be referred to the Committee as a whole.

Ingenious Models

Miss Grace M. Fairley has very kindly sent the *Journal* some informal notes concerning her observations at the recent Congress in London. Among them we find this interesting description of an exhibit of the work of student nurses:

An excellent exhibition of work done by student nurses was on view at the College of Nursing during the I.C.N. Congress. These exhibits comprised models, diagrams and charts dealing with dietetics, anatomy, physiology and practical nursing procedures. The wax models used in the preparation of "special" diet trays were outstandingly clever. It was difficult to say whether the poached egg, the green peas or the white bread with its brown crust were the truest models. One group of tiny model beds, showing various drainages (empyema, bladder, appendix) and also artificial feedings (nasal, stomach, rectal) were perfect in detail. There were 206 exhibits in all.

Coming Events

Manitoba Annual Meeting

Miss Gertrude M. Hall, executive secretary of the Manitoba Association of Registered Nurses, reports that plans are well under way for the annual meeting of the Manitoba Registered Nurses Association which will take place in Winnipeg, on January 28 and 29 inclusive, at the Fort Garry Hotel. Although minor adjustments may have to be made it is expected that the programme will be substantially as follows:

Friday, January 28

10 a.m. Meeting of the Executive Committee.

12.30 p.m. A luncheon will be held at which Miss Ruby M. Simpson, O.B.E., President of the Canadian Nurses Association, will be the guest of honour.

2 p.m. General meeting of the Association. Address by Miss Ruby M. Simpson. Report of the International Congress of Nurses.

8 p.m. Dr. Medovy will deliver an address on the treatment of diabetes in children. Miss Spiers, nutritionist, will give a demonstration of appropriate diet.

9 p.m. Dr. F. G. McGuinness will speak on new treatment in the toxaemias of pregnancy

9.30 p.m. An exhibit and demonstration of delivery set-up in a hospital and the technique for post-partum care and new incubator methods for premature babies will be given under the direction of Miss A. Taylor, supervisor of the obstetrical department, Winnipeg General Hospital.

9.45 p.m. An exhibit of delivery set-up and demonstration of post-partum care as given in the home will be presented by Miss McKee, supervisor, Victorian Order of Nurses.

Saturday, January 29.

9.30-10.30 a.m. A clinic on poliomyelitis will be given under the auspices of the Children's Hospital of Winnipeg.

11.00-12.30 a.m. The three Sections, comprizing Nursing Education, Public Health and Private Duty will meet in a general session for the presentation and discussion of reports.

2.00-3.00 p.m. New business, arising from the meetings, will be considered.

3.00-3.30 p.m. The moving picture, "Nurses in the making" will, it is hoped, be presented at this hour.

3.30 p.m. A demonstration by public health nurses will be given under the joint direction of Misses I. Broadfoot, N. Anderson and E. Parker. There will also be a demonstration of the audiometer. A classroom inpection will be discussed by Miss N. Anderson, and a classroom talk will be given by Miss I. Broadfoot. Health education in the school, with an exhibit of Health Projects will be presented by Miss Emily Parker.

The concluding event of this stimulating meeting will be a dinner to be held at the Fort Garry Hotel at which Miss Ruby M. Simpson will speak.

Invitations have been issued by the Association to every school of nursing in the Province requesting that a representative of the senior class be appointed to attend the sessions.

Regina Refresher Course

Plans are being made for a Refresher Course for graduate nurses to be held in Regina, in January. This course is being directed by the Sub-section of the Nursing Education group of the Saskatchewan Registered Nurses Association. The Course will be held for two days, January 27 and 28 inclusive. Further particulars will be mailed to the nurses at a later date. The programme will include lectures on various specialized subjects. Round table discussions will also be arranged.

QUEBEC MEETING

Miss E. Frances Upton, executive secretary and registrar of the Association of Registered Nurses of the Province of Quebec, offers the following information concerning the plans for the annual meeting of the Association which will take place on February 7 and 8 inclusive.

We hope to stimulate our members to greater interest in their community relationships as well as their professional organizations. We are going to attempt at the same time to stimulate public interest in nurses and what we are trying to accomplish.

Among other reports of vital interest to be presented during the first session will be the findings and recommendations of the Nursing Service Bureau, following our first experimental year, also the high lights of the I. C. N. Congress.

Our French-speaking colleagues have planned three distinctly French sessions. On February 7, the speaker will be Dr. Marc Trudel (Secretary to the Provincial Minister of Health) who will address the nurses on "Les nouveaux champs d'action de l'infirmière". At 9.30 a.m. on February 8 at the Hôtel-Dieu, Dr. G. H. Baril, directeur des études à l'Université de Montréal, will speak on "L'université et l'infirmière". On the afternoon of the same day, Monseigneur l'abbé I. Lussier, Visiteur des classes auxilières de la Commission des Ecoles Catholiques de Montréal, will speak on "Orientation professionnelle", following which, Mlle Maria Beaumier, superintendent, Hôpital St. Luc, Quebec City, will discuss "Organisations professionnelles pour les infirmières."

Miss Madalene Baker, an outstanding private duty nurse, will address the English-speaking members on the evening of February 7. As chairman of the Private Duty Section of the Registered Nurses Association of Ontario, Miss Baker has given capable leadership in connection with the establishment of the eight-hour day for private nurses. Articles from her pen have recently appeared in *The Canadian Nurse.* Read them and get ready for a lively discussion.

On the evening of February 8, the English-speaking members will hear the Honorable Cyrus MacMillan, Professor of English, McGill University, who will speak on a cultural topic and Miss Marion Lindeburgh who will speak on "The art of nursing". At the afternoon session of February 8, a symposium on poliomyelitis is planned for the English-speaking group. The following speakers will participate: Dr. H. B. Cushing, Professor of Paediatrics and Infectious Diseases, McGill University; Dr. W. G. Turner, Orthopedic Surgeon at the Royal Victoria Hospital and Shriners' Hospital; Miss Alice Burkhardt, recreational therapist, Children's Memorial Hospital and Miss Esther B. Asplet, director of the Physiotherapy department, Children's Memorial Hospital and president of the Canadian Physiotherapy Association.

APPLYING THE CURRICULUM

Nurses in Eastern Canada who are attempting to carry out the recommendations of the Proposed Curriculum will be interested in an institute to be held in Montreal during the first week in March, 1938. This institute will be conducted by the School for Graduate Nurses, McGill University. The five-day programme will be of a very practical nature and will be devoted to discussion of such problems as the organization of the curriculum, effective ward teaching and supervision, the integration of health and community aspects, staff responsibilities and relationships and other related topics.

The fee for the course will be $5.00 which will include a dinner session.

The complete programme will appear in the February number of the *Journal.*

DEPARTMENT OF PUBLIC HEALTH NURSING

Leprosy in Canada

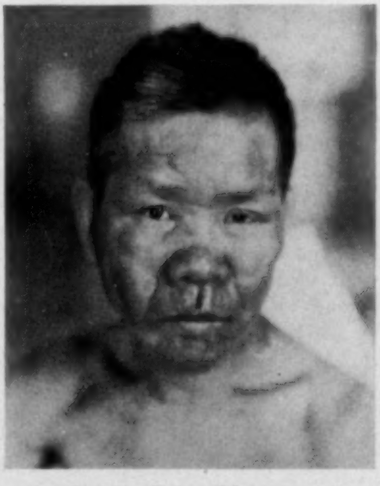
H. B. Cushing, B.A., M.D.

Professor of Paediatrics and Infectious Diseases, McGill University

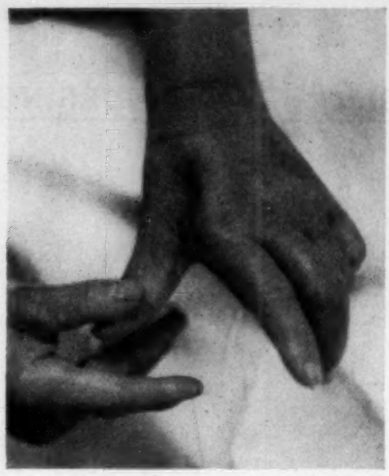
The recent discovery of a case of leprosy in Montreal has excited considerable interest and renewed apprehension of the dreaded plague spreading in this country. The unfortunate patient was a Chinaman, originally from Canton, who had lived for many years in Canada, and had shewn manifestations of active leprosy for at least five years. During all this time he had worked at a popular laundry in the centre of the city, and had been treated by a number of doctors under various diagnoses, generally that of syphilis. He was a typical, moderately advanced case of leprosy, of the nodular or cutaneous variety of the disease, but also with some involvement of the nerves, shewn by areas of anaesthesia and beginning claw hands. His face was commencing to assume the characteristic leonine facies with thickened nostrils and lips, deep fissures and loss of eye-brows. The patient was taken in charge by the Dominion Health Authorities and transferred to the leper colony at Tracadie, New Brunswick.

The occurrence of this case in a large city, and the consequent widespread exposure of other persons to the infection over a period of years, naturally gives rise to the question of the possibility of the spread of the disease in the community. As a matter of fact, it is now generally realized that leprosy is the least transmissible of all contagious diseases. Its steadily progressive disappearance from all civilized countries in temperate climates is apparently due to modern hygiene and conditions of living rather than to enforced quarantine or isolation, which as illustrated in this recent case, is apt to be belated and inefficient. The disease still spreads in tropical countries, where the natives are densely crowded together in incredible poverty and squalor, but the idea of a serious spread of leprosy in a country like Canada is unthinkable.

The fear of leprosy is easily understood as it has been the outstanding horror among diseases for untold centuries.



Leonine facies of leprosy.



Claw hand of leprosy.

Before the time of Christ and even into the Middle Ages it was the commonest of all diseases. The leprosaria for its segregation were numbered by the thousands. It was dreaded both for its disfiguring and mutilating effects, and for its inevitable progressive course to a fatal issue. The diagnosis of leprosy was a certain sentence of death. It was the slowest, most deliberate of all diseases. After exposure to infection, it took two or three years to develop, in certain cases even five or ten years. After the first manifestations, the disease took from ten to twenty years to run its inevitably fatal course.

The story of the occurrence of leprosy in Canada is interesting, if rather gruesome. It was recognized as early as 1815 that the disease was present in the north-west corner of New Brunswick among the French fishermen in the district between the Bay Chaleurs and the Miramichi River. How it became established there is uncertain. It was probably brought from Europe, some say by a French ship, the Indienne, which was wrecked at the mouth of the Miramichi in 1758, the survivors remaining in the country. Others have traced it to some Norwegian sailors from St. Malo in Normandy who settled in the district. However this may be, it became firmly established in this country and slowly spread among the inhabitants. Most of the cases could be traced to direct and intimate contact with the sufferers. One famous case, often quoted, blamed his disease on having carried the coffin of one of the victims to the graveyard for burial. He said the coffin chafed his shoulder and liquid leaked from the coffin's contents and contaminated the abrasion. Later the disease developed in this site.

The occurrence of leprosy in Louisiana for over a century has been blamed on the deportation of the Acadians by the British and their settlement in this State.

In 1844, a lazarette was first established in Tracadie, N. B., for the sufferers and in 1868 nursing sisters were sent from the Hôtel Dieu, Montreal, to take charge of the work. This sisterhood, Les Religieuses de l'Hôtel Dieu de St. Joseph de Tracadie, have been in charge ever since. They have conducted the colony most humanely and efficiently and it is a model establishment. In 1875 there were 35 inmates, all French and of local origin. At present the number has dwindled to eight, half of whom are imported cases from tropical countries, shewing the gradual disappearance of the disease above noted.

In British Columbia, the occurrence of the disease has been naturally more recent, and there it seems to have been imported from Asia. In 1882, a Chinaman was reported to have been hanged by his compatriots and his body burned because he suffered from leprosy. The Government, disapproving of such radical measures of quarantine, established a colony for the victims, which is now settled at Bentinck Island, not far from the Pacific Quarantine Station. This colony now has 11 inmates, all Asiatics. So there are in all, less than a score of cases of leprosy in Canada, almost all imported from foreign countries, and it is nearly a generation since any native Canadian developed the disease. Every two or three years, some case is recognized in the larger cities among foreigners, but as said before, it does not spread under modern conditions. In 1906, the Federal Government of Canada passed a Leprosy Act, which provides for the compulsory segregation of lepers in colonies, and their care at the Government's expense, or their deportation if recognized within five years of their arrival in this country.

In recent years the discovery of a treatment for the dreaded disease has changed the whole aspect of the problem. Chaulmoogra Oil, obtained from an Asiatic plant, and administered by hypodermic injection of certain of its compounds, has been found capable of arresting or even curing many cases, so that many leper colonies have been enabled to discharge a certain percentage of their inmates as no longer infectious. The treatment is tedious and prolonged but at least has removed the former despair of leprosy as being an inevitably progressive fatal disease.

Nurses as Citizens

"The Vote covers all," so it was said in the days before women won the franchise, and indeed it is the sure and necessary firm foundation for further progress. But does it really cover all? I beg leave to doubt it. True it is that the few women who have so far been returned to Parliament have added little to the value of debate, but, with few exceptions they have been women of leisure and affluence who have not understood the professional workers' point of view. In regard to nurses, and the work of nurses, and its many implications, surely it is reasonable to suppose that they can be better explained by members of the profession itself, who are acquainted with the needs and aspirations, than by anyone else who has to be coached for the purpose.

We shall therefore do well to endeavour to secure the return of Registered Nurses to the House of Commons when an opportune moment occurs. The selection of candidates will need much care. They must not only know the subjects on which they will speak, but be able to present them concisely, clearly, forcibly, and to support them by well reasoned argument. Parliament is one of the most critical of audiences and not tolerant of discursive speeches, but, having listened to all the Debates, in both Houses, on the Nurses' Registration Bills, I have the conviction that the Members are very ready to listen with attention and fairness to those who present a subject on which they are specially qualified to speak, are quick to appreciate the points made, and to arrive at sound conclusions. There are Registered Nurses who possess the expert knowledge, and the power to carry conviction on the subjects on which they speak, and both the House of Commons and the nursing profession would be the gainers if one or more were returned to Parliament.

Sister Bertha Wellin, for some years President of the Swedish Nurses Association, who for fifteen years was a member of the Swedish Parliament, writes that she was often glad to have her training as a nurse behind her, because it helped her in many ways to understand various questions better. For instance, all matters dealing with nursing, with quackery and with hygiene, as well as sexual hygiene, and many social problems. She has spoken in Parliament on such questions, and when the debate has been on the nurses' or the doctors' work and conditions. In her opinion, training in nursing and social work is a very good basis for a woman who has aspirations for activity in Parliament. For the last eight years Sister Wellin was on a Committee on laws, took part in its work, and sometimes had to speak in Parliament on such topics.

When members of the National Council of Nurses of Great Britain passed through Sweden on their way to Finland in 1925, and were entertained with such wonderful kindness and hospitality by the Swedish Nurses Association, Sister Wellin, when showing us their fine House of Parliament, told us that when she attended as a member, she always did so in nursing uniform, as she thought it good for the nursing profession, and also that it gave her a professional position.

Registered nurses can never exert their full influence in connection with public affairs until they take their share in the work of public bodies in which nursing plays an important part. To give one instance: on the Hospitals and Nursing Services Committee of the London County Council which is specially concerned with the work of many thousands of nurses, trained and in training, there is not one registered nurse. Yet a registered nurse could bring to the deliberation of that Committee much expert and useful work in regard to the training of nurses, their conditions of work, the arrangement of nurses' homes, the care of the sick and of maternity and of mental cases, and many kindred questions.

Again when committees are appointed to consider matters with which nurses are intimately concerned and acquainted, it is rare to find that a registered nurse is placed upon them.

Such instances could easily be multiplied. In such cases let me commend the policy of the British College of Nursing, which is to decline invitations to give evidence before a Committee on matters concerning trained nurses when there is no nurse upon it to help to weigh the evidence.

It is only eighteen years since trained nurses were, in this country, constituted a profession by Act of Parliament, but now it is our duty to make ourselves felt and heard on matters concerning which we have knowledge of special value.

I desire, in conclusion, to place before this great International Congress of Nurses the following points:

1. That those of us who possess the parliamentary franchise should exercise our privileges as citizens with care and a sense of responsibility.

2. That we endeavour to secure the return to Parliament of State Registered Nurses.

3. That we endeavour to secure the election or appointment of registered nurses on public bodies and departmental Committees concerned with nursing and public health, and by all means to make their expert knowledge and influence available for the benefit of the community.

Editor's Note: This article is made up of excerpts from an address given by Miss Margaret Breay, S.R.N., S.C.M., of Great Britain before the International Congress of Nurses.

Book Reviews

Curriculum Guide for Schools of Nursing. Prepared by the Committee on Curriculum of the National League of Nursing Education. Third, revised edition. 689 pages. This book may be obtained from the National League of Nursing Education, 50 West 50th St., New York City. Price $3.50.

It goes without saying that this book cannot be subjected to a conventional review. It takes for its province the entire field of nursing education and, in so doing, makes brief summary of its contents impossible. All that can be done here is to examine its general approach, its underlying philosophy, and its ultimate goals.

The Curriculum Guide is the product of a cooperative enterprise guided by a master mind. Its immediate sponsor is the National League of Nursing Education though many other groups have lent a hand. The initiative, and for many years the directing intelligence, was M. Adelaide Nutting. More recently Isabel Maitland Stewart has carried the heavy responsibility of leadership.

The Curriculum Guide is an outgrowth of the work of twenty-five years and therefore stems quite naturally from the 1917 and 1927 versions of the Curriculum. As Miss Stewart herself says: "There is no change in its fundamental purposes." Furthermore, the principles set forth at the beginning have stood the test of time and are as sound today as they were a quarter of a century ago.

The purpose of the present Guide is stated thus: "To gather, evaluate, and present in usable form the most progressive ideas and practices in relation to the basic nursing curriculum that have been successfully tried out or are considered by competent judges to be suitable for use and practicable in nursing schools."

"Everyone knows that many so-called schools of nursing have very little claim to the title. The Curriculum Guide is intended as a guide to those schools that are definitely committed to sound and progressive educational policies and that are reasonably well equipped to conduct a nursing education program that is adequate for the needs of today."

In other words, the Curriculum Guide is strictly limited in its application, a fact which its critics will do well to remember since it carries certain implications not altogether flattering to them. Let them carefully analyze the underlying philosophy of the Curriculum Guide as expressed in the following statement:

"Some kind of a philosophy lies back of every curriculum . . . if the dominant attitude is conservative, opposed to change, rooted in tradition, skeptical of new ideas, the curriculum will be relatively static. If the attitude on the whole is liberal and progressive, experimentally inclined and reasonably hospitable to new ideas, the curriculum will be dynamic. This does not mean that it is necessarily a good curriculum but the chances are that it will be more in keeping with current demands and conditions if there is a constant re-evaluation of the old materials and methods and a constant effort to discover better ways of doing things."

Once this philosophy is accepted, it follows that adjustment must be the primary aim. And what is adjustment? This is the definition made by the Guide:

"Adjustment as an educational process means not only changes in behavior but changes that make for better living, better relationship and a better contribution to society. It means growth of the whole individual and development of all her powers and capacities—physical, mental, emotional, social, spiritual. This is a positive, not a negative or passive process, the student shares actively in it and directs it to the extent that she is capable of self-direction and self-discipline. The school provides the conditions which are favorable to such learning and supplies guidance, stimulation, and a certain measure of control. But the student must do her own learning, her own adjusting, because no one else can do it for her."

Brief reference has now been made to the purpose of the book, its philosophy, its primary aim. Taken together, these display a concept of nursing which is admirable in its integrity, broad it its scope and noble in its spiritual essence.

The next step is to express this concept in terms of action and the Guide has made a courageous gesture in pointing the way. It gives us a clear idea about what needs doing and how to do it. Given the facilities of *a good school of nursing*, most of its recommendations could be carried out. The program of studies and the outlines of the proposed courses, comprehensive as they are, present no insuperable difficulties. It is only when the time element comes up for consideration that the real crux of the situation becomes apparent. And it is here that, to one reader at least, the Guide is disappointing because its recommendations are too specific, not to say dogmatic. Under the general caption of Standards and Specifications (page 52) we find this statement:

"The Curriculum Committee is not in favor of lengthening the period for basic professional preparation beyond three years. There is too much time lost at present in non-educational or relatively unimportant activities. With a better foundation in general education to begin with, a better selection and arrangement of content, and better teaching, the curriculum can be enriched and rounded out without increasing its length."

There is no doubt that much more could be *taught* during the three years of the basic course if relatively unimportant activities were eliminated. The question arises, however, as to how much more could be *learned*. To set an arbitrary time to the teaching process may be justifiable, but the time required for learning is not so easily determined.

The very nature of nursing requires that nurses have some knowledge of many things. To see how many, it is only necessary to examine the program of studies included in the Guide. In all that comprehensive category, not one subject could be dismissed as irrelevant. Obviously the study of each subject cannot be either thorough or exhaustive but must be superficial at best. Many students, some of them with good minds, have a sense of frustration throughout their entire course. This is due in part to this element of superficiality which cannot be eliminated, but it is also due to the forced pace—which might be.

It cannot be denied that the lengthening of the course opens the door to grave abuses. But we must remember that the Guide can only be put into practice in good schools and in them the danger would be less. Such an experiment would be difficult as well as dangerous but eventually it will have to be undertaken. It would have been helpful, therefore, if the Guide had envisaged such a possibility instead of ruling it out entirely. The highest praise that can be given to the Guide is that it provokes such questioning as this and therefore stimulates thinking. This is what it is intended to do and those responsible for it would be disappointed if it failed in its purpose.

Editor's Note: This review, written by Ethel Johns, was originally prepared for *The American Journal of Nursing* and is here reprinted by the courteous permission of its Editor.

DEPARTMENT OF Private Duty Nursing

Are You a Good Nurse?

From the excellent Year Book sponsored by the Class of 1937 of the School of Nursing of the Kingston General Hospital we quote this searching questionnaire. How do *you* rate? Are you a good nurse? Will you make a worth while contribution to your profession? Here is a test to help you to find out. Put down yes or no beside each question — being of course strictly honest — then check with the right answers and see how you stand.

1. Do you love little children?
2. Do you like old people?
3. Have you a keen sense of humour?
4. Have you imagination?
5. Are you fastidious about your personal appearance?
6. Are you lazy?
7. Are you disgruntled when you do not get every minute of your off-duty time?
8. Do you keep up with current events —for instance the thorough perusal of a good daily paper including the editorial page? (What about *The Canadian Nurse?)*
9. Does ninety percent of your reading consist of modern books of fiction and magazine stories?
10. Do you wear long pointed finger nails?
11. Do you enjoy the care of a patient's flowers even if she has an excessive number and the ward is busy?
12. Do you enjoy active exercise in the fresh air such as tennis, skating and long walks?
13. Do colourful things appeal to you such as a beautiful sunset, a maple tree in autumn, a bright scarf or sweater?
14. Do you habitually keep your own room tidy, including the dresser drawers and the clothes closet?
15. Providing the doctor in attendance agreed, would you tell "a white lie" to a very ill patient if it would give him peace of mind?
16. Do you smoke in uniform?
17. Do you enjoy reading aloud?
18. Does being present at a birth or death fill you with awe?
19. In a matter of discipline, do you listen to both sides of the story before making a decision?
20. Can you keep a secret?
21. Do you resent constructive criticism?
22. Are you satisfied with your achievements to date?
23. When your own work is done, do you like to help the others, who are perhaps slower workers or have more work to do?
24. When you make a mistake do you own up to it immediately?
25. Are you tolerant of other peoples' mistakes?
26. Are you generous in your criticism of others?
27. If it were to do over again, knowing what you know now, would you enter the Nursing School?
28. Providing you find "the right man" will you give up your nursing career for a home of your own?

Here are the right answers to the questions asked above. Check your own against these. If 24 of your answers agree with those below, you may consider yourself a good nurse.

1.	*yes*	8.	*yes*	15.	*yes*	22.	*no*
2.	*yes*	9.	*no*	16.	*no*	23.	*yes*
3.	*yes*	10.	*no*	17.	*yes*	24.	*yes*
4.	*yes*	11.	*yes*	18.	*yes*	25.	*yes*
5.	*yes*	12.	*yes*	19.	*yes*	26.	*yes*
6.	*no*	13.	*yes*	20.	*yes*	27.	*yes*
7.	*no*	14.	*yes*	21.	*no*	28.	*yes*

THAT COSMETIC URGE!

Dr. Haven Emerson, director of public health in the Medical School of Columbia University, recently had some caustic things to say about the abuse of cosmetics. In the course of the Chandler Memorial Lecture which he recently delivered in New York, he said:

> As one looks about at the cadaveric finger tips, the enamelled toe-nails, the deformed eyebrows, the filled facial creases that try to reveal character but are cheated out of it, the cheek reminiscent of the fever ward of a tuberculosis hospital, the ill-assorted daubs of aniline upon the lips, one wonders if it is worth the while of the Congress to try to enact protective legislation, or health officers and their laboratories to attempt enforcement of local ordinances, to save a beauty-mad generation from those qualities of cosmetics that threaten to replace the bloom of health with one more appropriate to a dish of wax apples.

These are hard words, and nurses who have been Dr. Emerson's students can hardly reconcile them with their memory of his amused tolerance of human vanity. We think he must have seen one of those faces — under one of those hats — and been tried beyond endurance.

Notes From the National Office

Contributed by JEAN S. WILSON,

Executive Secretary, The Canadian Nurses Association

General Meeting

The next General Meeting of the Canadian Nurses Association is to be held in Halifax, Nova Scotia, from July 4 to 9, 1938. The Arrangements Committee has selected The Nova Scotian Hotel for convention headquarters. This hotel, which is delightfully situated overlooking the picturesque harbour, will provide ample accommodation for the conduct of all general sessions, committee and section meetings.

The Programme Committee has initial plans well advanced for an interesting and attractive series of sessions during convention week. Monday, July 4, will be reserved for meetings of executive committees and various special committees. The addresses of welcome will be received on Tuesday evening, following which the Mary Agnes Snively Oration will be delivered and the Snively Memorial Medals presented to three members, previously selected from nominees proposed by the Provincial Associations.

Ample time will be reserved for the reports on the experiment in a community nursing service bureau and Dominion registration for nurses. A report will also be presented from the Central Curriculum Committee following the two-year period of experimental application of the Proposed Curriculum for Schools of Nursing in Canada.

At previous general meetings there has never appeared to be sufficient time allowed for the receiving of reports from the Provincial Associations. At the June (1937) meeting of the Executive Committee it was decided that, as an experiment at the next biennial meeting, one session should be reserved for the reading and discussion of concisely prepared reports from the Provincial Associations of Registered Nurses and of summaries of reports from the Provincial Sections prepared by the three National Sections.

The Canadian Medical Association and the Canadian Hospital Council have each kindly acknowledged the invitation of the Executive Committee of the Canadian Nurses Association with the assurance that each will appoint a representative to attend the General Meeting in order that they may become further acquainted with the policies and problems of the Association.

There will be an interesting report of the 1937 Congress of the International Council of Nurses, also one from the Canadian Florence Nightingale Memorial Committee respecting the meeting, in July 1937, of the Grand Council of the Florence Nightingale International Foundation. As, in July next, the Canadian Nurses Association will have fulfilled its five-year pledge of financial support to the Foundation, future support must be determined.

In order to obviate the strain imposed by holding three sessions each day, a definite programme is being arranged for two evenings only; one, the opening session and the second, the customary banquet. The members can anticipate hearing a speaker of merit and interest on each of these two evenings.

Already the members of the Arrangements Committee, with Miss Marion F. Haliburton as their convener, are busily engaged with their plans. Subcommittees have been formed to deal with the following activities: Registration, Miss Muriel J. Graham; information desk, Mrs. D. J. Gillies, aided by Girl Guides and probably Sea Cadets, as well as by the Tourist Bureau; transportation, Mrs. C. Bennett; housing, Miss Catherine Graham, 60 Seymour Street, Halifax; accommodation for Religious Sisters, Sister Anna Seton, Superintendent, Halifax Infirmary; entertainment, Miss Edith Fenton; Overseas Nursing Sisters Association, Miss Laura Hubley; publicity, Miss Katherine Jamer; professional exhibits, Miss Anne Foster. Other members of the Arrangements Committee are Miss Victoria I. Winslow and Miss Lenta G. Hall. The convener of the Arrangements Committee announces that, for the benefit of those who may wish to motor to Halifax, there is a spacious garage connected with The Nova Scotian Hotel. Further details of arrangements are not yet available however, but all members of the Association may rest assured that their colleagues in Nova Scotia will welcome them to Halifax and extend the traditional hospitality for which that Province is renowned.

The members of the Programme Committee are: Miss R. M. Simpson, convener; Miss M. Lindeburgh, chairman, Nursing Education Section; Miss J. L .Church, chairman, Private Duty Section; Miss A. E. Wells, chairman, Public Health Section; Miss M. F. Haliburton, convener, Arrangements Committee; Miss K. W. Ellis, secretary, Saskatchewan Registered Nurses Association; Miss E. J. Wilson, Honorary Secretary and Miss J. S. Wilson, Executive Secretary, Canadian Nurses Association.

Hotel Accomodation

Nurses planning to attend the General Meeting in Halifax and who wish to secure accommodation at The Nova Scotian are advised to make early reservation. Room rates per day are: Single, $3.00; Double, $2.50 per person; Three, $2.00 per person. All rooms have connecting bath. Those who wish to secure accommodation elsewhere should write to Miss Catherine Graham, 60 Seymour Street, Halifax. Accommodation for Religious Sisters will be arranged by Sister Anna Seton, superintendent, Halifax Infirmary.

An Important Experiment

The Council of the Registered Nurses Association of British Columbia announces that arrangements are completed for the long desired affiliation of Schools of Nursing in British Columbia with the Provincial Mental Hospital. As an experiment, a two-months course is being given for two groups instead of the three-months course desired by the Mental Hospital, with the understanding that the length of the course will be discussed again before the third group enters.

A teaching unit for these students is being established at Essondale and, while the number affiliating will be increased later, the first groups will be limited to ten students each.

The Council is greatly interested in this experiment and believes it to be the nucleus of a plan whereby student nurses in British Columbia will receive a better course in both practical and theoretical nursing instruction.

Sold Out!

The National Office of the Canadian Nurses Association is no longer able to fill orders for copies of *A Proposed Curriculum for Schools of Nursing in Canada*. The entire supply has been sold.

ON ACTIVE SERVICE

ETHEL MORRISON, R.R.C.

We left Victoria in the summer of 1915 not knowing where our service would take us but hoping that we would have the opportunity to serve our country as nursing sisters. After a term of duty in England we were called up as a hospital unit to go to the Near East. In a thick autumn fog we boarded a hospital ship at Liverpool while our officers and men went by a transport direct to Salonica. We, however, were landed at Alexandria. Why? We did not know. Submarines? Perhaps the hospital ship was needed at Alexandria or to help evacuate Gallipoli? This was not what we expected, but it proved to be the experience of a life time. On a moonlight night we travelled along the Nile to Cairo and were met at the station by ambulances and driven to the hotel where nursing sisters were billetted. From our room we could see the Pyramids, ten miles away. Later we promenaded on the roof and looked down on Cairo, a wonderful city combining ancient and modern architecture. Bazaars, mosques and minarets mingled with churches, banks and shops. Some dwellings housed princes while others were just the native straw-covered huts on the banks of the Nile. The door of a hut, opening from within, shed light on a woman carrying on her head a water jar. She walked gracefully to the river, filled her jar and, returning, closed the door. The light was extinguished and all was dark again. The story of the woman at the well of Samaria came to mind and our thoughts went back nearly two thousand years as we gazed at the deep blue, star-studded Egyptian sky.

Early in the new year orders arrived for us to leave Cairo and rejoin our unit at Salonica. We crossed the Aegean Sea on a hospital ship and arrived at nightfall in the Salonica harbour where we anchored for the night, not realizing that before morning we would have a baptism of fire from the air. One bomb hit the centre of the ship, entered a bathroom and shattered glass. The wards were in the bow and stern and we sat up in our cots in open-eyed surprise, unharmed. We went on deck in the purple haze of dawn and later were sent ashore in small boats and were soon at our tent hospital.

Living under canvas was a new experience. Our duties were constant, our wards, difficult. The earth was our floor, the tents our walls and ceiling. Along the sides were rows of beds with tables between them. Some of our patients were wounded; many more suffered from dysentery and malaria. As the months passed, huts in sections arrived, and were quickly put together by Greek carpenters aided by our men. We rejoiced in our convenient wards; it was almost like being back in hospital again.

Eight months later, new orders arrived. A New Zealand unit was to take over our hospital and we were to proceed to England. We relinquished our wards to the New Zealand Sisters and embarked for another adventure. This time our unit was all together and formed part of a list of about five thousand. Imagine the responsibility of the captain and crew whose duty it was to transport us through submarine-infested seas. Preceded by two mine sweepers, we sailed in darkness and at daylight entered some protected harbour which the mine sweepers closed with a chain. There we would anchor for the day. At nightfall our protectors would return to open the chains and we would steam forth for another night journey. Only once did our ship scrape against something; we felt a tremor but that was all. Finally we arrived safely at Turanto, that land-locked harbour at the heel of Italy, feeling a debt to our Navy which we can never repay. At last we reported to our Headquarters in London, looking rather faded and worn in our old uniforms but boldly asking to be placed on the list for service in France. This request was frowned on, but early in the new year we were told to report for duty in France and so we embarked on an even bigger adventure, for 1918 was a heavy year for bombing. Often at night in the Château where we were billetted, we could hear planes overhead. Just another air raid. Then, with lights out, we proceeded to the basement and listened until we heard the bombs fall—one, two, three, four, five—well, *that* plane is empty! Presently our planes chased them back to their own country and then we returned to our beds for a few hours rest. Outside our windows the birds sang a song of thankfulness. Shrapnel had whistled through the trees yet their nests were unharmed.

Month in and month out a constant stream of gassed and wounded patients were cared for, with a complete turnover every three weeks. Day duty, night duty followed one another until at last came the eleventh day of November, 1918. At the eleventh hour, surrounded by our wounded patients, we realized that the order to "cease fire" had gone into effect. The War was ended.

OVERSEAS NURSING SISTERS ASSOCIATION

EDMONTON: On November 12, the Edmonton Unit, O. N. S. A., held its annual Remembrance Day dinner. At the head of the table were the president, Mrs. McMarver; vice-president, Miss F. Munroe and six other ex-officers of the Unit. Twenty-four Nursing Sisters answered the roll call.

After the singing of O Canada the president asked for one minute of silence in remembrance of departed comrades. The toast to the King was proposed by the president, and the toast to Miss Margaret Macdonald, Matron-in-Chief, C.A.M.C., by Miss Fanny Munroe. The toast to absent members was proposed by Mrs. Rankin in her own witty manner. Mention was made of the loss sustained in the death of Mrs. Chester Church, (Nursing Sister Nell MacRae). Messages were read from Mrs. Stewart of Victoria; Mrs. Brough of Vancouver; Mrs. Fridell of Grande Prairie; Miss Acton, of Calgary and Miss Greening of Hanna. A delightful impromptu speech was made by Mrs. Turner, third vice-president of the national O.N.S.A. Games of bridge brought a happy evening to a close.

NEW GLASGOW: Miss Margaret Macdonald, R.R.C., L.L.D., Matron-in-Chief of Canadian Nursing Sisters during the Great War, entertained the overseas nurses of Pictou and Antigonish Counties on Remembrance Day at luncheon at the Norfolk Hotel, New Glasgow. Miss Boa, superintendent of the Aberdeen Hospital, was a special guest. Eight nurses were present and a Unit of the Provincial Overseas Nursing Sisters Association was formed. Miss Macdonald, who now makes her home at Bailey's Brook, hopes it may be possible for the Nursing Sisters of these two counties to meet each year to observe Remembrance Day.

OTTAWA: Miss Elizabeth Smellie, C.B.E., R.R.C., was elected president of the Overseas Nursing Sisters Association of Canada, Ottawa local unit, at the annual Remembrance Day luncheon. Mrs. G. Spalding, A.R.R.C., presided over a large attendance of members. Miss Ethel Johns, editor of *The Canadian Nurse,* was the guest of honour and gave an impressive talk on the work of the Nursing Services during the war and their devotion to duty. Miss Howie, supervisor of public health, Toronto, and Miss MacCuaig, western supervisor of the Victorian Order of Nurses, Regina, were also guests. The annual meeting followed when the following officers were elected: Honorary president, Matron-in-chief Miss Margaret Macdonald, R.R.C., L.L.D.; past president, Mrs. G. Spalding, A.R.R.C.; president, Miss Elizabeth Smellie, C.B.E., R.R.C.; vice-president, Mrs. W. B. MacDermott; secretary, Mrs. W. H. Smith; treasurer, Miss Mildred Clarke.

Two minutes silence was observed in memory of the late Miss Bertha V. Hughes. Miss Hughes was a charter member of the Ottawa unit and for some years was in charge of the Soldiers' Ward at the Ottawa Civic Hospital.

EIGHT-HOUR DAY FOR HOSPITAL NURSES?

Much has been said of recent years about the hard lot of the private duty nurse and there is perhaps less need to say anything about the hours of work for the average public health nurse—but what of the members of the nursing staffs in hospitals?

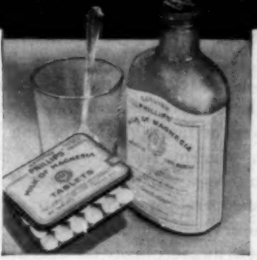
British Columbia has led the way in legislation for improved working conditions for most types of industry and labour which has affected all hospital employees—except graduate nurses. It is interesting to note, however, that a committee appointed by the Government of the Province of British Columbia and known as the Industrial Relations Committee, of which Mrs. Rex Eaton is chairman, is now holding meetings in all hospitals in the Province and is enquiring into working conditions, especially hours of work for graduate nurses. The Committee is asking to meet the various staff members, including supervisors, instructors and general duty nurses, and while not forgetting the patient or the heavy demands made on hospitals by the community, is evidently conscious of the fact that if nurses' duties were not spread over such long hours that better service would be assured. The question of additional staff and consequent increased cost of sickness will inevitably come into the picture, but it seems possible that legislation may be enacted at a reasonably early date for general improvement of working hours. It will be interesting to watch developments in this progressive western Province.

VICTORIAN ORDER OF NURSES

Mrs. A. Liles has been admitted to the Ottawa staff.

Mrs. E. C. LeBlond has been appointed to the Kirkland Lake branch as staff nurse.

Miss Helen Miller has been transferred from the St. Catharines staff to the Kirkland Lake staff. Miss Margaret Kidd has resigned from the Kirkland Lake staff.



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As a gentle laxative: 4 to 8 teaspoonfuls (4 or more tablets).

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METROPOLITAN CONFERENCE

A regional conference of the Metropolitan Life Insurance Nursing Service was held recently at Winnipeg under the general direction of Miss Alice Ahern, assistant superintendent of nursing. Nurses were present from Welland, Peterborough, St. Thomas, Fort William, Winnipeg, Regina, Edmonton and New Westminster. Members of the nursing staff of the Victorian Order of Nurses and of the Margaret Scott Mission also attended by invitation.

The main topic of discussion was the study of the descriptive measures which are being perfected as a means of staff education. Descriptive measures are standard descriptions of nursing and teaching at several levels, whereby the nurse rates herself according to a scale of measures and may then compare her own rating with that of the supervisor. Further information regarding these measures may be secured by writing to Miss Alice Ahern, Assistant Superintendent of Nursing, Metropolitan Life Insurance Company, Ottawa.

The annual regional conference of the Metropolitan Life Insurance nurses of Montreal was held recently at the Hôtel-Dieu of Montreal. Nineteen nurses, from all parts of the Province of Quebec, two representatives of the twelve nurses of the Quebec office, and some delegates of the fifty nurses of the Montreal staff were brought together to review the past year's experiences.

The conference was organized by Miss Emma Rocque, local supervisor of the McGill Nursing Office, Montreal, under the honorary presidency of Miss Alice Ahern, assistant superintendent of nursing, and was a great success. The Mother Superior and other nuns of the Hôtel-Dieu Hospital, the directresses of the Public Health School of the University of Montreal, the directress and the supervisors of the City Health Department and the presidents of the Nurses Associations attended most of the sessions and took part in the discussions thus transmitting their knowledge and experience. A lecture on the administration of insulin, and a demonstration of diabetic diet given by two nurses in training, showed the value of the training received in the nursing school where the spirit of Jeanne Mance, Founder of the Hôtel-Dieu, continues through the ages to inspire her daughters.

AN IMAGINARY BAZAAR

The Alumnae Association of the School of Nursing of the Hamilton General Hospital evidently has no illusions about bazaars. Excellent results were obtained recently by an Imaginary Bazaar conducted by a committee which got out an amusingly illustrated leaflet which we quote below in case your Association would like to steal the idea.

An Imaginary Bazaar has great points: (1) You need not go to it; (2) you need not buy anything; (3) you waste neither time, temper nor money. The only thing that is real is the receipts. All you have to do is send or take, cash or a cheque, using the enclosed envelope, to the treasurer or any member of the Bazaar Committee.

Think what a gain! This little scale may help you decide what to send, but remember, no amount is too small or too large. At a real bazaar you spend:

(1) Busfare or gas, to and from	14c
(2) Afternoon tea	25c
(3) Wear and tear on clothes and shoes	no limit
(4) Articles purchased	no limit

At an Imaginary Bazaar we give you a free afternoon (priceless gift), a good conscience and a chance to help where help is valuable.

NEWS NOTES

ALBERTA

Calgary: Since starting its Fall term the Alumnae Association of the Calgary General Hospital has held a well attended meeting at which Miss H. Whale, who attended the International Congress and who is a member of the staff of the Hospital, addressed the members. The October meeting took the form of an entertainment for the student body of the School of Nursing of the Calgary General Hospital. Miss J. Connall, instructress at the C. G. H., who also attended the International Congress and spent some time observing methods of instruction and administration in England and Scotland, addressed the November meeting. At the December meeting, Charles Dickens' "Christmas Carol" will be presented by members of the Association. A successful ice carnival was held in November. Seven hundred copies of the second edition of the Association's Year Book are now available.

Miss L. Cooper sailed recently for Bombay, India, to take up work in a Mission Hospital.

BRITISH COLUMBIA

Victoria: At the close of the British Columbia Hospitals Association Convention recently held in Victoria, the Victoria Graduate Nurses Association arranged a meeting to which they invited all visiting nurses. The meeting was then given over to the Registered Nurses Association of British Columbia, and took the form of a discussion of the Curriculum. Miss Anne Cavers, chairman of the nursing education section, presented a report outlining what was being done by various groups throughout the Province in an endeavour to meet the wishes of the National Committee by putting the suggested Curriculum into effect. She stressed the importance of all groups sending in comments and criticisms and especially asked public health and private duty members to assist by studying the Curriculum from the angle of whether or not their training had been a fitting and satisfactory preparation for the work they were now doing. Miss Cavers pointed out the tendency to leave the responsibility of the study to the institutional group and asked for more co-operation on the part of all concerned.

New Westminster: The New Westminster Graduate Nurses Association recently held its annual bazaar, the proceeds of which will be added to the fund for providing special nurses for indigent patients in hospital. This fund was started three years ago and to date over $600.00 has been expended. The service has been greatly appreciated by both doctors and patients.

Vancouver: Vancouver nurses were fortunate during the week of November 22 to have an opportunity to attend a series of lectures sponsored by the Greater Vancouver Health League on "Sex and Living" by Dr. Nadina Kavinsky, supervisor of Mothers' Clinics in Los Angeles, under the County Health Officer. Two courses of four lectures each were given, one for parents, the other for nurses, teachers and social workers. The topics included adolescent problems, sex development, glandular function, personality, and causes of maladjustment. While in the city, Dr. Kavinsky also addressed groups of physicians, physical education teachers, industrial and domestic workers at the Y.W.C.A. and nursing instructors in the Vancouver General Hospital.

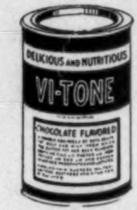
Miss Anna F. deC. O'Grady has resigned from the position of lady superintendent of the Queen Alexandra Solarium, Mill Bay, Vancouver Island, to take up work in Eastern Canada.

NOVA SCOTIA

Kentville: Re-elected president of the Registered Nurses Association of Kings, Hants, Annapolis and Digby Counties, Miss Kathleen Harvey, Middleton, presided over the annual meeting of the organization held recently in Kentville. Other officers of the Association are: First vice-president, Miss V. Bengston, Wolfville; second vice-president, Mrs. H. Mack, Sanatorium; secretary-treasurer, Miss E. Dodge, Sanatorium; councillors: Miss A. Foster, Berwick; Mrs. Mack, Kentville; Miss B. Hart, Middleton; standing committees: private duty, Miss Mary Spinney, Kentville, (chairman); programme, Miss Evelyn Purdy, Berwick; Miss E. Hoyt, Mrs. Mack, Kentville; public health, Miss G. Anderson, Windsor, (chairman); educational nursing, Miss A. Slattery, Windsor, (chairman); publication and representative to *The Canadian Nurse*, Miss E. Purdy, Berwick.

Dr. A. F. Miller, medical superintendent of the Nova Scotia Sanatorium, was the speaker at the banquet held at the Cornwallis Inn. He paid high tribute to Dr. E. L. Trudeau, through whose work the National Tuberculosis Association of America came into being.

Glace Bay: A Public Health County Unit has been established in Eastern Nova Scotia. Miss Helen Brophy, a graduate of St. Joseph's Hospital, Glace Bay, Miss E. Hunsen, a graduate of Glace Bay General Hospital, and Miss Edna Pitts, a New York graduate, have been appointed to the staff of the Public Health Department in Cape Breton. Miss Hunsen and Miss Brophy



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PATTEE'S "Practical Dietetics" 21st ed. $3.00
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took the public health nursing course at the McGill School for Graduate Nurses last year. Miss Brophy replaced Miss Lenora Dillon who resigned to be married.

CUMBERLAND COUNTY: Miss Lulu MacIntosh, public health nurse for Cumberland County, has been re-appointed convener of Public Health for the Women's Institutes of Nova Scotia.

Married: On November 30, 1937, Miss Eleanor Webber (V.G.H., 1933) to Mr. Gordon O. Ramey.

Married: On December 1, 1937, Miss Marion King (V.G.H., 1931) to Mr. Thayer Carpenter.

NOVA SCOTIA

NEW GLASGOW: The following items describe the activities of the Pictou County Branch, Registered Nurses Association of Nova Scotia:

The members of the Pictou County Branch, R.N.A.N.S., recently held their annual banquet at the Norfolk Hotel, New Glasgow. Covers were laid for thirty-five and included active members of the Association and also former nurses who reside in the county. Miss Pearl MacDonald, president, was mistress of ceremonies. The guest speaker was Dr. A. E. Blackett, New Glasgow, who told of his trip to London for the Coronation ceremonies and his tour of the continent. A vote of thanks was given to Dr. Blackett and a beautiful bouquet presented to Mrs. Blackett by members of the Association.

Miss Mary Ross of Westville, N. S., recently returned from Montreal where she took a post-graduate course in surgery prior to accepting the position of superviser of the operating room in the Aberdeen Hospital, New Glasgow. Miss Isabel Thompson of Stellarton, N. S., former secretary of the Pictou County Branch, has gone to Kirkland Lake to practise her profession. Miss Annie Saunders of Westville has accepted the position of charge nurse of the obstetrical department of the Aberdeen Hospital. Prior to this, she was in Montreal taking a post-graduate course in obstetrics.

ONTARIO

District 1

LONDON: A refresher course dealing with the treatment of poliomyelitis was recently arranged by District 1, R. N. A. O. This course was given in London at the Nurses Residence, Victoria Hospital, for members of the district from London, Strathroy and Sarnia. Many nurses both from London and out-of-town attended. The London Chapter of District 1 was in charge of arrangements under the convenership of Miss Mildred I. Walker, chief of the Division of study for graduate nurses, Institute of Public Health, University of Western Ontario. The subjects and lecturers were as follows: Poliomyelitis: Dr. Harold Little; nursing in the acute stage: Miss Helen McCallum, supervisor of the communicable disease unit, Victoria Hospital; post-poliomyelitis treatment: Dr. George Ramsay; demonstration, massage and re-education: Miss Kathleen Wooley, supervisor, Physiotherapy Dept., War Memorial Children's Hospital.

Districts 2 and 3

STRATFORD: The annual meeting of Districts 2 and 3, Registered Nurses Association of Ontario, was held recently at the Stratford General Hospital. The following officers were elected for the coming year: Chairman, Miss S. A. Campbell, General Hospital, Guelph; first vice-chairman, Miss F. W. Ashplant, Kitchener; second vice-chairman, Miss D. H. Arnold, Brantford; secretary-treasurer, Miss Hilda D. Muir, General Hospital, Brantford; section representatives: private duty, Mrs. Elizabeth A. Sebire, Galt; nursing education, Miss P. Bluett, Woodstock; public health, Miss A. Fennell, Guelph; councillors: Miss L. Ferguson, Guelph, Miss G. Maynard, Stratford, Miss M. Costello, Woodstock, Mrs. K. B. Cowie, Kitchener, Miss M. Meggitt, Brantford, Miss M. McCorkindale, Goderich.

STRATFORD: The Alumnae Association of the Stratford General Hospital has elected the following officers for the coming year: Honorary president, Miss A. M. Munn; president, Miss E. Doupe; vice-president, Miss C. Patterson; secretary-treasurer, Miss C. Attwood; committee conveners: social, Miss H. Prouse, Miss M. McKenzie and Miss A. Halliday; flower, Miss M. Derby.

District 4

HAMILTON: A substantial sum was realized for the Mutual Benefit Fund of the Alumnae Association of the Hamilton General Hospital by means of an Imaginary Bazaar which proved very successful.

Eight-hour duty for special nurses proves to be most popular in the Hamilton General Hospital.

Miss Ada Squires, operating room supervisor, H.G.H., was the guest speaker at the Dental Nurses Association of Ontario, her topic being surgical technique and sterilization of supplies and equipment. An interesting discussion followed.

Miss Laura Rennick (H.G.H.) has ac-

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cepted a staff position at Mundsley Sanatorium, Norfolk, England.

Married: Recently, Miss Dorothy Sanderson (H.G.H., 1934) to Mr. Donald Ray.

District 5

TORONTO: The December meeting of District 5 R.N.A.O., was held on December 3, at the Toronto General Hospital, with the chairman, Miss Irene Weirs presiding. A large number of nurses attended both the afternoon and evening sessions.

The business of the meeting which was dealt with at the afternoon session, included the final report of the Committee of the Nurse Education Fund, given by its convenor, Miss Ethel Greenwood. During the last five years this Committee has raised $2,480.00 as District 5 allotment of a fund of ten thousand dollars, which has been raised by the nine districts of the R.N.A.O. to be used as a loan fund for post-graduate study. Miss Kathleen Russell and Miss Beatrice Austin congratulated the Committee on its achievement, and Miss Greenwood was presented with a book. The speaker for this session was Dr. J. A. Hannah, chief medical officer of the Associated Medical Services Inc., who explained the details of the organization and plan of this service.

At the evening session, Miss Edna Moore gave a report of the meetings of the Public Health Section, held during the recent congress of the International Council of Nurses, following which Miss Jean I. Gunn, the first vice-president of the International Council of Nurses, and a member of its Grand Council, described the highlights and many of the interesting details of the Congress. Miss Gunn illustrated her talk with lantern slides. It was indeed a privilege, particularly for those to whom attendance at the Congress was a dream unrealized, to thus vizualize such scenes as the pilgrimage to the home of Florence Nightingale, and other memorable events.

District 6

PETERBOROUGH: At a recent meeting of District 6, R. N. A. O., the following officers were elected for the coming year: Chairman, Miss E. G. Young; vice-chairman, Miss E. Reid; secretary-treasurer, Miss Lois Stewart; councillors: Miss M. Hutson, Miss M. Bonter, Miss M. Poulson, Mrs. T. Beatty, Miss F. Vickers, Miss R. Lynch; committee conveners: private duty, Miss L. Ball; public health, Miss M. Poulson; nursing education, Miss H. Collier; membership, Miss E. Earshman; enrolment, Miss M. Byers; history and finance, Mrs.

E. M. Leeson; publications, Miss E. Young; nominations, Miss F. Fitzgerald.

PETERBOROUGH: A meeting of District 6, Chapter A, R. N. A. O., was held at the Belleville General Hospital on November 18. Seven members were present. The chief business was the election of officers for the coming year. They are as follows: President, Miss M. Hutson; vice-president, Miss D. Connor; secretary-treasurer, Miss M. Bonter, Belleville General Hospital; membership convener, Miss Olive Fulton; private duty convener, Miss E. Lang; public health convener, Miss B. Soutar; representative to *The Canadian Nurse,* Miss L. Bertram; flower convener, Miss R. Windsor; history convener, Miss F. Fitzgerald; enrolment officer, Miss E. Meeks; nursing education, Miss E. Eushman. Miss M. Youmans read a paper on a proposed educational programme for the Chapter.

PETERBOROUGH: The Alumnae Association of Nicholls Hospital has elected the following officers for the coming year: Honorary president, Mrs. E. M. Leeson; president, Mrs. F. E. A. Brackenridge; first vice-President, Miss F. Vickers; second vice-president, Miss H. Russell; secretary, Miss D. Everson, 850 George Street; treasurer, Miss H. Bradley, 759 George Street; corresponding secretary, Miss M. Beavis, 406 Sheridan Street.

LINDSAY: The following appointments have recently been made: Miss Monna L. Baker of St. Paul's Hospital, Saskatoon, has been appointed assistant superintendent of the Ross Memorial Hospital, Lindsay. Miss Marguerite Hopkins, formerly assistant superintendent of the Ross Memorial Hospital, has accepted a position on the operating room staff of St. Joseph's Hospital, Toronto. Miss Aileen Tummonds, Miss Anna Roche and Miss Evelyn Barry are doing general duty at the Ross Memorial Hospital.

Married: Recently, Miss Julia J. Staples (R.M.H., Lindsay, 1924) to Mr. Roy W. Hoskins.

Married: Recently, Miss Doris Netherton to Mr. Gifford Webster Oakwood.

District 9

NORTH BAY: The members of the North Bay Chapter of District 9, R. N. A. O., recently held their annual tea at the Nurses' Residence of the Civic Hospital. Mrs. C. Johnston, Mrs. Davidson and Mrs. George Deegan presided at the tea table. Those assisting were Miss McKenzie, Miss Overton,

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Miss Cloutier and Mrs. Charette. The many guests were received by Miss Jean Laing, president of the Chapter, and Miss Helen Jordan. During the tea hour, Miss A. Dicker and Miss Muriel Holman played several piano selections.

QUEBEC

MONTREAL: Royal Victoria Hospital: The Alumnae Association recently held a very successful tea and bazaar under the capable leadership of Miss Grace Martin.

Miss Phyllis Goodwin (R.V.H., 1929) has resigned from the staff of the Women's Pavilion and Miss Jean Downey (R.V.H., 1937) succeeds her. Miss Electa MacLennan, B.A., (R.V.H., 1932) who has been on the staff of the Vancouver General Hospital for the past two years, has returned to Montreal to resume her former position with the Victorian Order of Nurses.

Married: Recently, Miss Jane M. Cameron, (R.V.H., 1937) to Dr. H. G. Baker.

Married: Recently, Miss Sybil Rusted (R.V.H., 1935) to Mr. Malcolm D. MacDonald.

Married: Recently, Miss Constance LaMontagne (R.V.H., 1932) to Mr. Ross Taylor.

MONTREAL: Responding to an invitation from the Nursing Education Section of the Association of Registered Nurses of the Province of Quebec, extended by its capable chairman Miss Martha Batson, an excellent meeting was recently held at the Children's Memorial Hospital, under the joint auspices of the following groups: Nursing Education (English Section), A.R.N.P.Q.; Public Health Section, A.R.N.P.Q.; The Alumnae Association of the McGill School for Graduate Nurses; the Private Duty Section, A.R.N.P.Q.

Miss Marjorie Jenkins, director of nursing, Children's Memorial Hospital, extended a courteous welcome to an audience of 250 nurses and introduced the chief speaker, Dr. H. B. Cushing, physician in chief of the Hospital and Professor of Paediatrics in McGill University, who spoke on rheumatic fever in children. Following this introductory address, an exceptionally well organized round-table conference, presenting the principles in the care and management of rheumatic fever, took place. Those taking part included the following members of the staff of the Hospital: Dr. H. W. Bacal, assistant physician and in charge of the sub-Department of Allergy; Miss V. Kennedy, Reg. N., charge nurse; Miss G. Ellis, director of occupational therapy; Miss E.

(*Continued on page* 56)

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THE LITTLE BLACK BAG

This year the Victorian Order of Nurses for Canada has endeavoured to make its work more widely known through the medium of a film called "The Little Black Bag". The film, which is in sound, is the standard 35 mm. for showing in theatres, and runs ten and one-half minutes. As well as 35 mm. prints there is a 16 mm. print for private showings. During the past few months many of the branches have made arrangements to have the picture shown at the local theatres. It has also been shown in centres where there is no public health nursing service, to arouse interest in the organization.

The picture was made by the Associated Screen News, Montreal. The first step in planning it was to draw up an outline of the points to be emphasized in the series of pictures to be taken. It was decided to show the following:

(a) The history of the organization
(b) Its activities—bedside nursing, group teaching, attendance at clinics, school nursing
(c) The distribution of the service
(d) The national character of the organization.

Following this outline the various sequences were planned and the centres in which they could best be taken noted. All branches were notified and asked to co-operate with the cameraman when he called. With the exception of the sequence showing the care of the pneumonia patient in the home, all pictures were taken of the actual work in the field without being rehearsed. The variety of the scenery, from the log cabin in the woods in New Brunswick to the streets in the Chinese section of Vancouver, created an element of interest. The different nationalities served were also shown.

. . . OFF . . . DUTY . . .

This is the time of the year . . . when the making of good resolutions . . . is in the air . . . Cerebral attics are due for the annual housecleaning . . . salutary though painful . . . which will consign some rubbish . . . to the scrap heap . . . The trouble lies . . . in deciding what to keep . . . and what to throw away . . . An acquaintance of ours . . . who recently inherited an old house . . . cluttered with furniture . . . tackled this problem of selection . . . by putting everything . . . to a simple test . . Looking at it critically . . . she asked herself this question . . . "Would I want to buy this if I saw it in a shop?" . . . If the response was negative . . . off it went . . . to the auction room or the junk man . . . This process of elimination . . . summarily disposed of a grisly Japanese vase . . . a goldfish bowl with a submarine castle in it . . . a dusty artificial palm io a brass pot . . . several volumes of Browning and Tennyson . . . in padded bindings . . . and the brass bedstead from the spare room . . . The lady is now installed . . . in a stream-lined apartment . . . with chromium furniture . . . and Venetian blinds . . . which cast lovely shadows . . . when the sun shines through them . . . Not a single picture . . . mars the serene expanse . . . of the white walls . . . No padded poets profane the built-in bookcase . . . A single calla lily . . . cunningly made of black glass . . . gives the necessary exotic touch . . . to a perfect example . . . of a modern interior . . . Yet the first time our admiring gaze . . . rested upon the chaste restraint . . . of this decorative scheme . . . we found ourselves . . . sniffing the air . . . for the fumes of ether . . . while listening for the rattle of the stretcher . . . and the hiss of the instrument sterilizer . . . Never having seen, heard or smelled an operating room . . . our lady has none of these regrettable associations . . . with the past . . . from which we can never escape . . . We, like everyone else . . . are imprisoned . . . in our generation . . . Our cerebral attic . . . stubbornly refuses to submit . . . to drastic modernization . . . Something tells us . . . it will remain Victorian . . . to the end . . . a fact which does not justify us . . . in harbouring hoary old ideas and prejudices . . . corresponding to the artificial palm . . . in its brass pot . . . and the submarine castle . . . in the goldfish bowl . . . We are going to throw them out this year . . . gradually of course . . . As for the poets . . . we intend to hang on to them . . . padded bindings and all . . . They may come into style again . . . and even if they don't . . . we shall be faithful to them anyway . . . The attic might be a bit bleak . . . without them . . . E.J.

Official Directory

International Council of Nurses
Executive Secretary, Miss Anna Schwarzenberg, 51 Palace Street, London, S.W.1., England.

CANADIAN NURSES ASSOCIATION

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Numerals preceding names indicate office held, viz: (1) President, Provincial Nurses Association; (2) Chairman, Nursing Education Section; (3) Chairman, Public Health Section; (4) Chairman, Private Duty Section.

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British Columbia: (1) Miss G. M. Fairley, General Hospital, Vancouver; (2) Miss A. Cavers, Vancouver General Hospital; (3) Miss M. Kerr, Eburne; (4) Miss M. Teulon, 4237 Granville St., Vancouver.

Manitoba: (1) Miss Edith McDowell, Nurses Residence, General Hospital, Winnipeg; (2) Miss E. Mallory, Children's Hospital, Winnipeg; (3) Miss I. Broadfoot, Health Unit, City Hall, St. Boniface; (4) Miss A. McIntyre, Ste. 8 Agnes Apts., Agnes and Ellice Ave., Winnipeg.

New Brunswick: (1) Mrs. G. E. Van Dorsser, Health Centre, Saint John; (2) Sister Corinne Kerr, Hôtel Dieu Hospital, Campbellton; (3) Miss A. Burns, Health Centre, Saint John; (4) Miss Kathleen Lawson, 84 Wright St., Saint John.

Nova Scotia: (1) Miss Marion Halliburton, 40 South St., Halifax; (2) Miss Eleanor Grew, Children's Hospital, Halifax; (3) Miss A. Slattery, Windsor; (4) Miss Anna Brennan, 53 Pine St., Dartmouth.

Ontario: (1) Miss E. Cryderman, 281 Sherbourne St., Toronto; (2) Miss R. M. Beamish, Toronto Western Hospital, Toronto; (3) Miss M. Walker, Institute of Public Health, London; (4) Miss Madalene Baker, 249 Victoria St., London.

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Quebec: (1) Miss M. L. Moag, 1246 Bishop St., Montreal; (2) Miss M. Batson, The Montreal General Hospital, Montreal; (3) Miss M. I. Brady, 1421 Atwater Ave., Montreal; (4) Miss M. Craig, Apt. 93, Linton Apts., Montreal.

Saskatchewan: (1) Miss A. F. Lawrie, Regina General Hospital, Regina; (2) Miss Edith Amas, City Hospital, Saskatoon; (3) Miss Ann Morton, Weyburn; (4) Miss Helen Jolly, 1301 15th. Ave., Regina.

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Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

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BRITISH COLUMBIA

Registered Nurses Association of British Columbia

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MANITOBA

Manitoba Association of Registered Nurses

President, Miss E. McDowell; First Vice-President, Miss E. Russell; Second Vice-President, Miss I. Broadfoot, St. Boniface Health Unit, City Hall, St. Boniface; Third Vice-President, Rev. Sister Krause, St. Boniface; Hon. Secretary, Miss A. Baird, 85 Kennedy St., Winnipeg; *Members of Board*: Miss J. Stothart, Dauphin; Miss T. Wiggins, Winnipeg General Hospital; Miss D. Muir, Brandon Mental Hospital; Sister St. Irma, St. Joseph's Hospital, Winnipeg; Miss K. Day, Children's Hospital Winnipeg; Miss J. Archibald, Shriners' Hospital, Winnipeg; Miss J. Morrison, 44 Arlington St., Winnipeg; Miss M. Wilkins, 753 Wolseley Ave., Winnipeg; *Conveners of Sections: Nursing Education,* Miss E. Mallory, Children's Hospital, Winnipeg; *Public Health,* Miss Broadfoot St. Boniface Health Unit, City Hall, St. Boniface; *Private Duty,* Miss A. McIntyre, Ste. 8, Agnes Apts., Agnes and Ellice Ave., Winnipeg; *Social,* Miss K. McLearn, Shriners' Hospital Winnipeg; *Visiting,* Miss M. Baldwin, Winnipeg General Hospital; *Press,* Miss L. Kelly, 753 Wolseley Ave., Winnipeg; *Membership,* Miss P. Anderson, 227 Balmoral St., Winnipeg; *Library,* Secretary-Treasurer, 214 Balmoral St., Winnipeg; *Finance,* Miss R. Dickie, 103 Chestnut St., Winnipeg; *Nightingale Memorial Foundation,* Miss R. Dickie; Representative to: *The Canadian Nurse,* Miss P. Brownell, 215 Chestnut St., Winnipeg; Secretary-Treasurer, Miss Gertrude Hall, 214 Balmoral St., Winnipeg.

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New Brunswick Association of Registered Nurses

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Registered Nurses Association of Ontario

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Prince Edward Island Registered Nurses Association

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QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

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Saskatchewan Registered Nurses Association (Incorporated, 1917)

President, Miss Annie F. Lawrie, General Hospital, Regina; First Vice-President, Miss Ann Morton, Weyburn; Second Vice-President, Rev. Sister O'Grady, St. Paul's Hospital, Saskatoon; *Councillors*: Miss Mathilda Diederichs, Grey Nuns' Hospital, Regina; Miss Christina MacDonald City Hospital, Saskatoon; *Conveners of Standing Committees*: *Public Health*, Miss Ann Morton, Weyburn; *Private Duty*, Miss Helen Jolly, 1301 15th Ave., Regina; *Nursing Education*, Miss Edith Amas, City Hospital, Saskatoon; Secretary-Treasurer, Registrar and Advisor, Schools for Nurses, Miss K. W. Ellis, 1761 Scarth St., Regina.

Regina Registered Nurses Association

Hon. President, Miss A. Lawrie; Hon. Vice-President, Sister Tougas; President, Miss G. McDonald; First Vice-President, Miss A. Cleaver; Second Vice-President, Miss M. McGrath; *Committees*: *Visiting*, Miss D. Kerr; *Entertainment*, Miss H. Jolly; *Press and Rep.* to *The Canadian Nurse*, Miss M. Armatage; Sec., Miss K. Morton, 3114 Victoria Ave.; Registrar-Treasurer, Miss M. Armatage.

Associations of Graduate Nurses

Overseas Nursing Sisters Association of Canada

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ALBERTA

Calgary Association of Graduate Nurses

President, Miss F. E. C. Reid, Red Cross Hospital; First Vice-President, Miss O. Zimmerman; Second Vice-President, Mrs. Bothwell; Secretary. Miss A. Young, 923-13th Ave. W.; Treasurer, Miss Mary Watt, Anderson Apts.

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BRITISH COLUMBIA

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New Westminster Graduate Nurses Association

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Victoria Graduate Nurses Association

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MANITOBA

Brandon Graduate Nurses Association

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ONTARIO

Smiths Falls Graduate Nurses Association

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QUEBEC

Montreal Graduate Nurses Association

Hon. President, Miss L. C. Phillips; President, Miss E. G. Leys, 3545 Park Ave.; First Vice-President, Miss A. Jamieson; Second Vice-President, Miss F. M. Thomson; Secretary-Treasurer, Miss M. K. M. Drummond, 1230 Bishop St.; Directress of Nursing Service Bureau, Miss F. A. George; Chairman, Nursing Service Bureau, Miss E. F. Upton; Registrars, Misses E. Clark, E. Gruer, M. MacCallum; *Convenor*, Griffintown Club, Miss G. Colley. Regular Meeting held on second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Graduate Nurses Association

Hon. President, Mrs. M. A. Young; President, Miss J. Moir; First Vice-President, Mrs. Droppo; Second Vice-President, Miss L. Carter; Secretary, Miss U. McNabb, 816 Algoma Ave.; Treasurer-Registrar, Miss E. Heglin, Ste. 202, Walter Scott Bldg.: *Committees*: *Nursing Education*, Misses McPhedran and H. Young; *Public Health*, Miss Armstrong; *Private Duty*, Misses Coventry and Ferguson; *Programme*, Miss Hildebrant; *Social*, Miss L. Small; *Visiting*, Miss Meadows; *Press*, Miss Reynolds; *Representative* to *The Canadian Nurse*, Miss H. Young.

Alumnae Associations

ALBERTA

A.A., Calgary General Hospital

Hon. Pres., Miss S. Macdonald; Hon. Vice-Pres., Miss J. Connal; Pres., Mrs. R. Straker; First Vice-Pres., Miss L. Bibby; Rec. Sec., Mrs. M. Caffrey; Corr. Sec., Miss H. Paterson, 1127-5th Ave. W.; Treas., Miss M. Watt; *Committee Conveners*: *Membership*, Mrs. H. Buckmaster; *Ways and Means*, Mrs. T. O'Keefe; *Press*, Miss F. Shaw.

A.A., Royal Alexandra Hospital, Edmonton

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A.A., University of Alberta Hospital, Edmonton

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A.A., Vancouver General Hospital, Vancouver

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A.A., Royal Jubilee Hospital, Victoria

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MANITOBA

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NEW BRUNSWICK

A.A., Saint John General Hospital, Saint John

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